STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH
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MEMORANDUM

To: Honorable Members of the General Welfare, Health and Human Services Joint Subcommittee of the 106th Tennessee General Assembly Government Operations Committees

From: Virginia Trotter Betts, Commissioner, Department of Mental Health and Developmental Disabilities, Co-Chair, Council on Children's Mental Health
Linda O'Neal, Executive Director, Tennessee Commission on Children and Youth, Co-Chair, Council on Children's Mental Health

Date: September 15, 2009

RE: Council on Children's Mental Health Sunset Public Hearing Questions

This memorandum transmits the response to the Sunset Public Hearing Questions regarding the Council on Children's Mental Health as initiated by Public Chapter 1062 enacted in 2008. As directed by P.C. 1062, TDMHDD and TCCY have co-chaired a Council on Children's Mental Health composed of stakeholders from all across Tennessee who have met and exceeded the statutory requirements for membership and have come together without compensation and largely without reimbursement for travel.

Council members have worked diligently and are in the planning process for implementation of a System of Care to better meet the mental health needs of children in Tennessee. The level of commitment and excitement has been extraordinary. Over 100 Tennessee citizens have volunteered to be involved in this process and meetings have averaged attendance of 50.

While reviewing this response, you will see the great potential for improving outcomes for Tennessee children's lives through the work of the Council. We look forward to collaborating with the General Assembly in improving mental health services for Tennessee children.

cc: Council on Children's Mental Health Members

Sunset Public Hearing Questions for
Council on Children's Mental Health
Created by Section 37-3-111, *Tennessee Code Annotated*
(Sunset termination June 2010)

1. **Provide a brief introduction to the Council, including information about its purpose, statutory duties, staff, and administrative attachment.**

   Public Chapter 1062 established the Council on Children's Mental Health (CCMH) to design a plan for a statewide system of mental health care for children. This law recognized attaining children's mental health goes beyond administrative and service boundaries of one department or agency. It articulates the fundamental structures to assure interdepartmental, grassroots, constituency-based planning to achieve a system of care responsive to needs of children and their families. A system of care is a philosophical approach to delivering services to children and their families built on core values of being child-centered, family-driven, community-based, and culturally competent.

   The Council is statutorily required to:

   - Be co-chaired by the Commissioner of the Department of Mental Health and Developmental Disabilities (TDMHDD) and Executive Director of the Tennessee Commission on Children and Youth (TCCY).
   - Have membership of the following:
     - Commissioners or designees from the Departments of Children's Services, Finance and Administration, Health, Human Services, and Education;
     - Director of the Bureau of TennCare or designee;
     - Two persons from TDMHDD, one familiar with children and youth services and one familiar with alcohol and drug abuse services;
     - Chairman of TCCY or designee;
     - Member of governor's personal staff;
     - Two legislators – one appointed by the Speaker of the House of Representatives and one by the Speaker of Senate;
     - Representative from the Comptroller of the Treasury;
     - Four parents of children who have received mental health services from a state agency or other provider chosen from nominations received from representatives of statewide organizations that advocate for or serve children's mental health needs, providing for representation from each of the three grand divisions of the state and from both urban and rural areas;
     - Two persons under 24 years of age who are receiving or have received mental health services from a state agency or other provider, chosen from nominations received from representatives of statewide organizations that advocate for or serve children's mental health needs;
     - Three representatives of community services agencies;
     - Two representatives of providers of children's mental health services;
     - Two representatives of a statewide organization that advocates for children's mental health needs; and
     - Three judges chosen by the Tennessee Council of Juvenile and Family Court Judges that provide representation from each of three grand divisions of the state and urban and rural areas.

- Hold open meetings quarterly to seek opportunities to collaborate and improve the statewide system of children's mental health care that pay particular attention to interagency collaboration, funding, accountability, information management, and service array;
- Develop a plan for a statewide system of care where children's mental health care is child-centered, family-driven, culturally and linguistically competent and provides a coordinated system of care for children's mental health needs. The plan is to:
    - Provide for a service delivery system operated in a manner that adheres to the principles of system of care;
    - Include a core set of services and supports that appropriately and effectively address mental health needs of children and their families.
- Develop a financial resource map and cost analysis of federal and state funded programs that support and serve children's mental health needs in the state;
- Facilitate interagency collaboration generally and specifically in planning, funding, delivery and evaluation of a statewide system of mental health care for children;
- Define accountability standards among agencies and organizations that provide services and support relative to the mental health needs of children and their families;
- Encourage matching of federal funds required by the federal grants for children's mental health initiatives;
- Serve as an advocate within government and in the community for children's mental health care;
- Stimulate more effective use of existing resources and services for children; and develop opportunities and services that are not otherwise provided for children, with the aim of developing a comprehensive and coordinated services delivery system for mental health services to children;
- Assist TDMHDD in development of interagency agreements on service and supports for children;
- Determine if current services are evidenced-based, research-based and/or theory based; and
- Report to the legislature on the following timeline:
    - Preliminary report due in February 2009;
    - A plan for three demonstration sites due in June 2010;
    - A plan for 10 demonstration sites in June 2012; and
    - A plan for statewide implementation in June 2013.

The Executive Director of TCCY or designee serves as the Chief Administrative Officer and the Council is organized by the Commission. As such, TCCY has provided a staff member to serve as the staff director of the Council.

2. **Provide a list of current members of the Council and describe how membership complies with Section 37-3-111(c) and (d), *Tennessee Code Annotated*. Who appoints members? Are there any vacancies on the Council? If so, what steps have been taken to fill the vacancies?**

CCMH membership meets and exceeds the participation articulated in P.C. 1062. The Co-chairs of the Council – the Commissioner of TDMHDD and the Executive Director of the TCCY – in conjunction with the Executive Director of the Select Committee on Children and Youth and many others very quickly identified, invited and assembled state agency leadership, representatives from the Governor's Office, Legislature, Comptroller's Office, Community Services Agencies, providers, advocates, judges and parents of children who had receive services to be members the Council. Youth representatives have been identified but their participation has been limited because of scheduling conflicts. Additional steps have been taken to ensure a youth voice is present throughout the process by conducting surveys of related youth boards and groups in Tennessee as well as frequent communication with and from these groups (Tennessee Voices for Children Youth-in-Action Council and Tennessee Alliance for Children and Families' Excellence Council). Officially, the Co-chairs appoint members to the Council; however, co-chairs have agreed to have open membership on the Council for all interested individuals who wish to participate while ensuring that mandated participation requirements are met. CCMH members and their affiliations are appended.

3. Does the Council's membership include public/citizen members? Female members? Members of a racial minority? Members who are 60 years of age or older?

As illustrated by the attached listing, the Council includes a broad-base of stakeholders ranging from state department staff, local, regional, and statewide providers and agencies, to parents and other interested individuals. The Council includes members who are female, racially diverse and older than 60 years of age. Approximately, 75 percent of the members are female, 20 percent are racially diverse and 10 percent are 60 years of age or older.

4. How many times did the Council meet in fiscal year 2009, and how many members were present at each meeting?

The Council has met nine times since its inception in July 2008 on the following dates with the respective numbers in attendance:

Meeting Date	Attendance
July 22, 2008	48
August 28, 2008	51
October 21, 2008	51
December 5, 2008	52
January 22, 2009	60
March 13, 2009	54
April 23-24, 2009	60
June 25, 2009	63
August 20, 2009	56

Additionally, the Council's workgroups have meet outside of Council meetings as needed to perform their work.

The Council is scheduled to meet on the following dates, which are also listed on the TCCY and TDMHDD websites:

- October 8, 2009;
- December 10, 2009;
- February 11, 2010;
- April 22, 2010;
- June 24, 2010.

5. What per diem or travel reimbursement do members receive? How much was paid to Council members during fiscal year 2009?

In accordance with P.C. 1062, the only members of the Council eligible for travel reimbursement are parent and youth representatives. No other member may receive such reimbursement. Other members are provided reimbursement by their employers in their roles as professional or state staff. Family and youth members and state employees receive per diem and mileage reimbursement in accordance with the State of Tennessee travel policy. Travel related expenditures for FY2009 were $1,763.35.

6. What were the Council's revenues (by source) and expenditures (by object) for fiscal year 2009?

The following are revenues and expenditures for funds expended on behalf of the Council for FY2009:

Revenue source: 801 (Federal Juvenile Justice and Delinquency Prevention Act) - $6,466.04

Expenditures by object:

Expense	Amount
03 Travel	$1,763.35
09 Supplies	$3,402.69
10 Rentals	$1,050.00
13 Grants/Subsidies	$250.00

7. Is the Council subject to Sunshine law requirements (Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the Council have for informing the public of its meetings and making its minutes available to the public?

According to Tennessee Code Annotated 37-3-111(i), all meetings held by the Council are subject to the open meeting provisions of TCA Title 8, Chapter 44. The Council has made an effort to ensure the public has been duly informed of meetings as well as made corresponding meeting summaries available. For this purpose, notice of meetings and summaries have been forwarded to appropriate listservs, posted on TCCY's and

TDMHDD's website and information about meetings is shared whenever presentations about the Council are made. Upcoming meetings will also be posted at Legislative Plaza.

8. **Does the Council have policies in place to address potential conflicts of interest by Council members?**

   With the Council having met for approximately one year and core membership stabilized, the Council intends to discuss conflict of interest at the next meeting and to ask all participants to sign conflict of interest forms. All members are committed to improving children's mental health in Tennessee. As parents, providers, and advocates, all have theoretical conflicts. Full disclosure regarding roles related to the children's mental health system has been and will continue to be the approach for the Council.

9. **Can the Council promulgate rules? If not, is rule-making authority needed? If rules have been promulgated, please cite the reference.**

   The Council has the power to promulgate by-laws as necessary to provide for election of Council officers, establishment of committees, meetings, and other matters related to Council functions. To date, the Council has not officially promulgated any bylaws or rules. No additional rule-making authority is being requested at this time.

10. **Describe the nature and extent of the Council's activities and any major accomplishments of the Council during the fiscal year ending June 30, 2009. Include a discussion of the Council's activities related to the development of a plan for a statewide system of care as described in Section 37-3-112(a),** ***Tennessee Code Annotated*****. Please explain how the plan incorporates the principles of care enumerated in Section 37-3-112(b),** ***Tennessee Code Annotated*****?**

    The Council is currently in the process of drafting the initial plan and will ensure it follows the principles of system of care in being child-centered, family-driven, community-based, and culturally competent. The following is a breakdown of the activities and accomplishments of the Council since its inception in July 2008:

DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 1 7/22/08 10:00 A.M.-3:00 P.M.	Welcome/Introductions	Familiarize Council w/ participants, affiliations, and interests. --Virginia Trotter Betts --Linda O'Neal --Rep. Sherry Jones
	Overview of P.C. 1062 and System of Care	Familiarize Council w/ requirements of the law as well provide a general overview of system of care. --Linda O'Neal

	Overview of SJR 799 ▪ Select Committee Child/Youth ▪ SJR 799 Survey ▪ Service Array Workgroup ▪ Interagency Collaboration Workgroup ▪ Management Information Workgroup ▪ Funding Workgroup ▪ Accountability Workgroup	Describe historical perspective on SOC activities to date. --Cindy Perry --Workgroup Chairs
	Clips from SJR 799 Town Hall Meetings	Provide highlights of 14 Town Hall meetings.
	Updates on Activities Related to P.C. 1062 Requirements ▪ Center on Social Emotional Foundations for Early Learning (CSEFEL) ▪ Early Childhood Comprehensive System (ECCS) ▪ Schools & MH Integration Grant ▪ Financial Mapping/T-ACT	Familiarize Council w/ other activities that could inform or influence implementation of P.C. 1062 --Matt Timm --Rosie Wooten --Sara Smith --Mary Rolando
	Strategies for Accomplishing Requirements of the Law	Open discussion about next steps.
	Committee Structure and Assignments	Assess status of SJR 799 workgroup structure and utility going forward.
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 2 8/28/08 10:00 A.M.-3:00 P.M.	Requirements of P.C. 1062	Overview for first-time Council participants; review for others.
	Overview of Child-serving Departments ▪ DCS ▪ DOE ▪ DOH ▪ DMHDD ▪ TennCare ▪ TCCY	Familiarize or update Council on agency priorities, services and other characteristics. --Viola Miller --Mike Herrmann --Veronica Gunn, MD --Virginia Trotter Betts --Jeanne James, MD --Linda O'Neal
	Developing Common Language	Familiarize Council with definitions of comprehensive array of services developed during Collaborative on Adolescent Substance Abuse project. --Stephanie Shapiro

	Barriers/Challenges in Children's Mental Health	Recognize issues Council will need to address going forward.
	Regional Stakeholder Focus Group Proposal	Explore proposal to get community level information and promote Council activities through 20-25 focus groups organized by CSAs statewide. --Sue Pilson **ACTION: COUNCIL DECIDED NOT TO PURSUE FOCUS GROUPS AT THIS TIME.**
	Description/Charge to Workgroups	Assure workgroup participation has multi-agency representation.
	Workgroup Reports	Work in content areas to hone focus on charges.
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 3 10/21/08 10:00 A.M.-3:00 P.M	TN Systems of Care Presentation	Familiarize Council w/ TN's System of Care experiences resulting from three federally funded grants.
	Workgroup Updates ▪ Accountability and Management Information Systems ▪ Cultural and Linguistic Competency ▪ Evidence-based Practice ▪ Funding ▪ Interagency Collaboration ▪ Service Array	Updates/status reports by Workgroups to full Council.
	Report of Grand Rounds: Child and Adolescent Needs and Strengths (CANS)	Introduce Council to strengths-based assessment tool being used by DCS and in several other states. Explore expanded application potential in SOC.
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 4 12/5/08 10:00 A.M.-2:00 P.M	DMHDD Budget Hearing Update	Provide Council with status report about requirements of all departments, DMHDD specifically, to reduce budgets. --Virginia Trotter Betts
	TCCY/MHDD/GOCCC Collaboration	Announce agreement to develop February Report for P.C. 1062. --Linda O'Neal [Copy of Interagency Memorandum of Understanding attached]
	Media Relations Workgroup	Establish new Workgroup --Linda O'Neal

	Policy Academy Application: Family Driven Care	Inform Council about grant application to Federation of Families. --Freida Outlaw --Millie Sweeney
	Assessment Instrument Reports ▪ Child and Adolescent Needs and Strengths (CANS) ▪ Tennessee Outcome Measurement System (TOMS) ▪ SOC National Evaluations	Expose Council to current types of assessments being done that relate to SOC processes. --Michael Cull --Richard Epstein --Paula DeWitt --Freida Outlaw
	Workgroup Reports ▪ Accountability/Management Information Systems ▪ Cultural and Linguistic Competency ▪ Evidence-based Practice ▪ Funding ▪ Service Array ▪ Service Integration	Provide updates on activities, assure communication among workgroups, identify information needed by groups, identify next steps and responsible parties.
	February Report to General Assembly	Solicit input from Council about content to be included in Report.
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 5 1/22/09 10:00 A.M.-3:00 P.M	Juvenile Court Commitment Orders (JCCOs)	Learn the issues and perspectives about JCCOs that were discussed during Meeting 4 more definitively. --Jeff Feix, DMHDD --David Haines, Admin Office of the Courts
	Impact of Current Economic/Funding Situation on CMHCs	Update on the experiences of CMHC providers since conversion to integrated health and mental health MCOs. --Kathy Benedetto --Vickie Harden --John Page --Kathy Gracey
	Impact of Current Economic/Funding Situation on Other Private Not for Profit Agencies	Bring perspectives of private not for profit providers other than CMHCs to the attention of the Council. --Raquel Hatter --Bonnie Benecke --Millie Sweeney
	Policy Academy Plans	Update on 2009 Policy Academy: Transforming Children's Mental Health through Family-Driven Strategies. --Freida Outlaw
	K-Town System of Care Application	Update on SOC application. --Freida Outlaw

	Draft Preliminary Report Discussion	Overview of draft February 2009 Report to the Legislature. --Mary Rolando **ACTION: PRELIMINARY REPORT APPROVED BY THE COUNCIL**
	Next Steps for CCMH	Schedule of next meetings. --Linda O'Neal
	Acceptance of Meeting Summaries for Meetings 1-4	Formal vote on Meeting Summaries provided by DMHDD on behalf of the Council. --Linda O'Neal
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 6 3/13/09 10:00 A.M.-3:00 P.M	CoverKids and Children's Mental Health	Learn about the mental health benefit provided by CoverKids. --Andrea Willis
	Managed Care Organizations and Children's Mental Health	Provide the Council with an update and overview of the changes with TennCare providers and their services related to Children's Mental Health. --Jeanne James --Heather Baroni --Mary Linden Salter --Elliot Sparks --Ron Wigley
	Policy Academy Report	Update the Council on the recent policy academy related to System of Care and Children's Mental Health attended by several Council members. --Freida Outlaw --Bob Duncan --Jeanne James --Millie Sweeney --Randal Lea --Katrina Donaldson --Elvie Newcomb
	JCCO Workgroup Report	Inform the Council about the recommendations to judges from the workgroup due to the change in court ordered juvenile evaluations. --Jeff Feix --David Haines
	Justice and Mental Health Collaboration Grant Proposal	Describe a submitted grant application to assist the courts in linking to mental health and substance abuse services. --Jeff Feix --David Haines --Mary Rolando
	Evidence-Based Services Workgroup Update and Discussion	Discuss the workgroup's recent progress in drafting a consensus definition for EBP. --Mike Cull --Vickie Hardin

	Discussion of Plans for Next Steps for CCMH	Schedule of next meetings as well as discussion of future meeting topics. --Linda O'Neal
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 7 4/23/09 and 4/24/09 10:00 A.M.-4:30 P.M and 8:30 A.M. - Noon	Technical Assistance for System of Care – Children's Mental Health	Provided a two-day structure discussion and presentation by a national expert in system of care and building systems of care on a statewide level. --Shelia Pyres
DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 8 6/25/09 10:00 A.M.-3:00 P.M	Child and Adolescent Needs and Strengths (CANS): Overview, Properties, Principles, How Common Assessment Benefits a System of Care	Provide the Council with an Overview of a common assessment tool that could be used across systems in a statewide system of care. --John Lyons --Richard Epstein
	Presentation of Department of Children's Services CANS Data	Inform the Council about DCS's current use of the CANS as well as Data. --Michael Cull --Richard Epstein
	Discussion Regarding Common Assessment Tool	Discuss the possibilities for the use of the CANS or similar instrument in Tennessee for a statewide system of care. --Linda O'Neal facilitating
	JCCO Workgroup Report	Inform the Council about recent legislation relating to court ordered juvenile evaluations. --Jeff Feix --David Haines --Shay Jones --Aaron Campbell
	Legislative/Budget Update	Provide the Council with a recent update on the state's budget and funding restored to mental health programs. --Linda O'Neal --Virginia Trotter Betts
	Discussion of Plans for Next Steps for CCMH	Schedule of next meetings as well as discussion of future meeting topics. --Linda O'Neal

DATE/ TIME	AGENDA ITEM	PURPOSE
MEETING 9 8/20/09 10:00 A.M.-3:00 P.M	Review of P.C. 1062 Requirements and Discussion of the Council's Role	Provide Members a legislative review and review mandated charge moving forward. --Linda O'Neal
	Overview of Council's Progress	Inform the Council of the work accomplished to date. --Dustin Keller
	Overview of Possible Next Steps	Provide a framework for the work ahead in preparing the plan and next report. --Mary Rolando
	Steering Committee and Survey Results Discussion	Discuss the possibility of forming a steering committee to help guide the Council's work. --Linda O'Neal
	Individual Workgroup Meetings	Allow time for the committees to discuss the provided framework and how this can inform their work.
	Workgroup Reports and Discussion	Reports from workgroup chairs about their committee's suggestions and feedback to the framework. --Traci Sampson --Michael Cull --Mary Linden Salter --Richard Kennedy --Millie Sweeney
	CCMH Recommendations for Funding Priorities to the TDMHDD Policy and Planning Council.	Discussion of the Council's feedback to TDMHDD about funding in the next fiscal year. --Linda O'Neal --Debbie Shahla --Marie Williams
	Discussion of Plans for Next Steps for CCMH	Schedule of next meetings as well as discussion of future meeting topics. --Linda O'Neal

11. What reports does the Council prepare on its operations, activities, and accomplishments, and who receives these reports? Did the Council submit the progress report by February 1, 2009 as required at Section 37-3-115(a), *Tennessee Code Annotated*?

In January 2009, the Council sent a preliminary progress report to all members of the Tennessee House and Senate, the Governor, Lieutenant Governor, Speaker of the House and Children's Cabinet. The report detailed activities of the Council up to that point and described in detail work products of the Council and Council Workgroups. The report was also sent to the members of the Council and posted on the TCCY website (http://www.state.tn.us/tccy/ccmh-home.shtml). A copy is attached. The Council is currently in the process of completing work products for the next major report due to the

Legislature in June 2010. This report will detail a plan for implementing demonstration sites in at least three areas of the state, one in each grand region.

As previously stated, the Council also records and compiles meeting summaries, which are available via the website and e-mailed to all members of the Council.

12. Describe any items related to the Council that require legislative attention and your proposed legislative changes.

Currently P.C. 1062 requires the Council to report annually about determination of programs as evidence-based, theory-based or research-based, in accordance with TCA 37-1-115; however, this reference appears to be incorrect. The reference of TCA 37-1-115 does not pertain to the Council. The correct reference would be TCA 37-3-115 in which Council reporting requirements are defined. Additionally, the Council will submit its next report by June 2010, detailing a plan and budget for three demonstration sites and state infrastructure to begin implementation of a statewide system of care for children's mental health.

13. Should the Council be continued? To what extent and in what ways would the absence of the Council affect the public health, safety, or welfare?

The Council is vital to improving the way children's mental health needs are served in the state; therefore, the Council should be continued. Consistent participation and membership of the Council is a first in Tennessee and demonstrates unified commitment of a broad-base of stakeholders to reforming the children's mental health system. As referenced during the SJR 799 process, children and families currently face several severe roadblocks to receiving appropriate services and supports. Previous and current federally funded System of Care sites in Tennessee have demonstrated that better coordination of care improves outcomes. Children in these programs have been able to remain in their homes and communities while receiving a higher level of coordination and care. When a child receives appropriate services at home, rather than being placed in inpatient or residential settings, the child and family are more successful and state funding required for services is reduced. Outpatient services are far less expensive than out-of-home care. Additionally, the child matures to become a more successful adult, further reducing cost to the system later in life. The Council has the potential to positively impact children and families, making them more successful while reducing state costs initially as well as later in life.

14. Please list all Council programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

The Council staff director is a TCCY employee funded by federal dollars and covered under TCCY's Title VI plan. All other Council programs/activities related to supplies, travel reimbursement, meals, and conference sponsorships are through funds allocated to TCCY. These amounts totaled $6,466.04 for FY2009.

If the Council <u>does</u> receive federal assistance, please answer questions 15 through 22. If the Council <u>does not</u> receive federal assistance, proceed directly to question 21.

15. **Does your Council prepare a Title VI plan? If yes, please provide a copy of the most recent plan.**

    P.C. 1061 assigns administrative responsibility for the Council to the Commission on Children and Youth, which funds Council staffing and operations with Federal Juvenile Justice and Delinquency Prevention Act dollars. The Commission has an approved Title VI Plan, which also covers the Council.

16. **Does your Council have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.**

    The Title VI coordinator for The Commission, Ron King, also serves as Title VI coordinator for the Council on Children's Mental Health. Mr. King's phone number is (615) 741-1581.

17. **To which state or federal agency (if any) does your Council report concerning Title VI? Please describe the information your Council submits to the state or federal government and/or provide a copy of the most recent report submitted.**

    As we understand it, any Council report would be a part of the Commission on Children and Youth Title VI report submitted to the Division of State Audit. A copy of the most recent report is attached, though there is no reference to the Council in the report. There have been no Title VI complaints related to the Council.

18. **Describe your Council's actions to ensure that Council staff and clients/program participants understand the requirements of Title VI.**

    As TCCY staff, Council staff received a copy of the agency Title VI plan and received training relative to Title VI requirements. Title VI information will be included in the agenda for the Council's October 2009 meeting.

19. **Describe your Council's actions to ensure it is meeting Title VI requirements. Specifically, describe any Council monitoring or tracking activities related to Title VI, and how frequently these activities occur.**

    One basic tenet of a system of care is ensuring cultural and linguistic competence. To this end, the Council has a cultural and linguistic competence workgroup to monitor the Council's actions and make recommendations to ensure that the principles of cultural and linguistic competence are infused in to the system of care planning. This ensures children and families who may be served by the system of care will not be discriminated against and that services are respectful and account for cultural and linguistic differences. Additionally the Council Co-chairs and staff have ensured the Council has diverse

membership by specifically considering diversity in the initial Council appointments and allowing all who wish to participate with the Council to do so.

20. Please describe the Council's procedures for handling Title VI complaints. Has your Council received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

To date, the Council has not had any Title VI complaints since its inception July 1, 2008. Complaints would be addressed according to the Title VI plan attached to this document.

21. Please provide a breakdown of current Council staff by title, ethnicity, and gender.

TCCY provides the following commission staff member to provide administrative oversight to the Council:

- Dustin Keller, CCMH Director, Caucasian, Male

Additionally, the work of the Council has been achieved by extensive collaboration for the preparation of reports, arranging speakers, providing meeting summaries and developing agendas from TCCY, TDMHDD Division of Special Populations and GOCCC staff.

22. Please list all Council contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

Currently, the Council does not have any standing contracts with vendors.

ATTACHMENTS

I. Council Membership Listing

II. Interagency Memorandum of Understanding between TDMHDD/TCCY/GOCCC

III. CCMH Preliminary Report

IV. TCCY Title VI Plan

* Attachments are individually page numbered.

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MEMORANDUM OF UNDERSTANDING
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES;
TENNESSE COMMISSION ON CHILDREN AND YOUTH;
AND
GOVERNOR'S OFFICE OF CHILDREN'S CARE COORDINATION

This Memorandum of Understanding by and between the parties named above is to provide the framework for the collaboration, development and compilation of the Council on Children's Mental Health (CCMH) February 1, 2009 and July 2010 Report to the Tennessee Legislature.

WHEREAS, the Public Acts, 2008 Chapter No. 1062 (P.C 1062), established a Council on Children's Mental Health (CCMH) to design a plan for a statewide system of care for children. CCMH is comprised of leadership from child-serving state and community-based agencies, the courts, legislators, families and advocates. The CCMH is co-chaired by the Commissioner of the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) and the Executive Director of the Tennessee Commission on Children and Youth (TCCY).

WHEREAS, the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) is designated by both the State and SAMHSA as the single State Authority for mental health and substance abuse services in the State of Tennessee and, as such, is charged with the establishment of the policy for Tennessee's public mental health and substance abuse system based on the application of science, evidence, data and national standards to mental health and substance abuse programs, services and outcomes.

WHEREAS, the Tennessee Commission on Children and Youth (TCCY) is an independent state agency whose primary mission is advocating for the improvement of the quality of life for Tennessee children and families.

WHEREAS, the Governor's Office of Children's Care Coordination (GOCCC) assists in the coordination of children's policy among the child serving departments of the state, in establishing appropriate partnerships among academics, communities, providers, faith-based services, and businesses, and in bridging science and public policy.

WHEREAS, TDMHDD, TCCY and the GOCCC agree to collaborate to develop in Tennessee a coordinated system of care for children's mental health needs that is child-centered, family-driven, and culturally and linguistically competent. THEREFORE, the Parties agree:

General Responsibilities

1. TDMHDD and TCCY shall assist CCMH by providing logistical and administrative support as needed for CCMH meetings and activities.

2. TDMHDD and TCCY shall provide final approval of the work products of CCMH and its committees, assuring that the work product(s) are representative of CCMH's goals and purposes.

3. TDMHDD, TCCY and GOCCC will develop strategies that lead to the July 1, 2010 report to the General Assembly for review and approval by the CCMH.

TDMHDD Responsibilities

1. The Commissioner of TDMHDD or designee shall Co-chair the CCMH with TCCY.

2. The Commissioner of TDMDD shall select two individuals from TDMHDD to serve as members of the CCMH. Of the two individuals selected one shall have experience with or a basis of knowledge about children and youth services and the other shall have experience with or a basis of knowledge about alcohol and drug abuse services.

3. TDMHDD shall identify specific content areas that require the establishment of CCMH workgroups and provide guidance to the workgroups.

4. TDMHDD shall review, comment and provide input on processes and documents developed by the GOCCC for CCMH use.

5. TDMHDD shall work with TCCY and GOCCC, in consultation with CCMH, to determine and establish the commitments of the parties in the development of the July 1, 2010 CCMH report to the General Assembly.

6. TDMHDD shall provide other support to CCMH as determined appropriate and feasible by TDMHDD.

TCCY Responsibilities

1. TCCY Executive Director or designee shall Co-chair the CCMH with TDMHDD.

2. The Chairman of the TCCY or designee shall serve as a member on the CCMH.

3. TCCY shall identify specific content areas that require the establishment of CCMH workgroups and provide guidance to the workgroups.

4. TCCY shall review, comment and provide input on processes and documents developed by the GOCCC for CCMH use.

5. TCCY shall work with TDMHDD and GOCCC, in consultation with CCMH, to determine and establish the commitments of the parties in the development of the July 1, 2010 CMCH report to the General Assembly.

6. TCCY shall provide other support to CCMH as determined appropriate and feasible by TCCY.

GOCCC Responsibilities

1. GOCCC shall participate on a regular basis in CCMH meetings and CCMH workgroup meetings.

2. GOCCC shall organize, develop and/or compile information required by the P.C. 1062 for the February 1, 2009 report to the General Assembly; provide a draft of an Executive Summary, report and related documents for review, comment and revision to the co-chairs of the CCMH and others as appropriate; and finalize the report for timely delivery to the General Assembly.

3. GOCCC shall work with TDMHDD and TCCY in consultation with CCMH to determine and establish the commitments of the parties in the development of the July 1, 2010 CCMH report to the General Assembly.

WHEREBY: This Memorandum of Understanding (MOU) shall not be altered or otherwise amended except pursuant to an instrument in writing signed by each of the parties. This MOU will be reviewed regularly by all parties in *September 2009 and will be renewed or will terminate by January 1, 2010.*

AGREED AND EXECUTED BY:

Virginia Trotter Betts — 12.05.08

Virginia Trotter Betts — Date

Commissioner, Tennessee Department of Mental Health and Developmental Disabilities

Linda O'Neal — 12.05.08

Linda O'Neal — Date

Executive Director, Tennessee Commission on Children and Youth

Bob Duncan — 12.05.08

Bob Duncan — Date

Director, Governor's Office of Children's Care Coordination

PUBLIC CHAPTER 1062

COUNCIL ON CHILDREN'S MENTAL HEALTH

FEBRUARY 2009 REPORT TO THE LEGISLATURE

STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH
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MEMORANDUM

To: The Honorable Phil Bredesen, Governor
The Honorable Ron Ramsey, Lieutenant Governor
The Honorable Kent Williams, Speaker of the House
Honorable Members of the Tennessee Senate and House
Members of the Governor's Children's Cabinet

From: Virginia Trotter Betts, Commissioner, Department of Mental Health and Developmental Disabilities, Co-Chair, Council on Children's Mental Health
Linda O'Neal, Executive Director, Tennessee Commission on Children and Youth, Co-Chair, Council on Children's Mental Health

Date: January 30, 2009

RE: Council on Children's Mental Health Preliminary Report

This memorandum transmits the Preliminary Report of the Council on Children's Mental Health as required by Public Chapter 1062 enacted in 2008. As directed by P.C. 1062, we have co-chaired a Council on Children's Mental Health composed of stakeholders from all across Tennessee who have met and exceeded the statutory requirements for membership and have come together without compensation and largely without reimbursement for travel.

Council members have worked diligently together to develop this Preliminary Report and we are well on our way in the planning process for implementation of a System of Care to better meet the mental health needs of children in Tennessee. The level of commitment and excitement has been extraordinary. Over 100 Tennessee citizens have volunteered to be involved in this process and meetings have averaged attendance of 50.

As you review this report, we think you will see the great potential for improving outcomes for Tennessee children's lives. If you are interested in receiving a briefing on this report individually or before committees, please contact Commissioner Betts at 532-6500 or Linda O'Neal at 741-2633. We look forward to collaborating with the General Assembly in improving mental health services for Tennessee children.

cc: Council on Children's Mental Health Members

PUBLIC CHAPTER 1062
COUNCIL ON CHILDREN'S MENTAL HEALTH

FEBRUARY 2009 REPORT TO THE LEGISLATURE

EXECUTIVE SUMMARY

Public Chapter 1062 established the Council on Children's Mental Health (CCMH) to design a plan for a statewide system of mental health care for children. The law recognizes that attaining children's mental health goes beyond administrative and service boundaries of any one department or agency. It articulates the fundamental structures to assure interdepartmental, grassroots, constituency-based planning to achieve a system of care responsive to the needs of children and their families.

The February 2009 Report to the Legislature addresses the requirements of P.C. 1062.

Status of the Plan

The Council on Children's Mental Health (CCMH) was initiated in June 2008, meeting and exceeding the requirements for participation. The CCMH has met five times, co-chaired by the Commissioner of the Department of Mental Health and Developmental Disabilities and the Executive Director of the Tennessee Commission on Children and Youth. Workgroups established during SJR 799 were sustained and revised. One new group was added. Over 100 people—state agency leadership, representatives of the Governor's Office, Legislature, Comptroller's Office, Community Service Agencies, providers, advocates, judges and parents of children who have received services—are participating regularly.

The Council focused on organizational matters, then quickly turned to substantive concerns about children's mental health beginning with the first meeting. In that and subsequent meetings, the CCMH has explored a wide range of issues and activities relevant to P.C. 1062, among them:

- SJR 799 inclusive of its history, town hall meetings, workgroup processes and products, recommendations and legislative outcome;
- Programs and priorities of the major child-serving state departments;
- Numerous activities occurring statewide and nationally that can inform and influence the CCMH;
- The state's experience with systems of care to date;
- Issues which rose to a level of visibility because of emergent conditions that warranted the Council's attention;
- The state's budget.

Workgroups have met regularly to help the CCMH move forward efficiently, focused on:

- Accountability and Management Information Systems;
- Funding;
- Interagency Collaboration;
- Comprehensive Service Array;
- Cultural and Linguistic Competency;
- Evidence-based Services;
- Media Relations.

Timeline for Plan Development

P.C. 1062 requires a plan for a statewide system of care. Implementation of the plan is staggered. The CCMH will develop a plan for:

- Three demonstration sites by July 2010 for inclusion in 2011 budget;
- 10 sites by July 2012 if the initial plan is funded;
- A statewide system by 2013 if prior plans are funded.

The CCMH will meet during March and April 2009 and every two months thereafter through June 2010 or more often as needed to complete a plan by July 2010. Workgroups will meet as necessary to support the Council's agendas and development of the plan.

Barriers to Implementation

Potential barriers to implementation of systems of care in Tennessee were identified in SJR 799 Town Hall meetings, DMHDD's Title 33 Planning and Policy Council rankings, and captured in CCMH discussions. In January, Council members were surveyed about perceived barriers to implementation of systems of care in four areas:

- Administrative;
- Service;
- Policy;
- Implementation of System of Care principles.

One barrier has been youth participation in the Council resulting from scheduling conflicts. Youth were surveyed about their experiences with mental health and support services. Input came from:

- Youth councils affiliated with Tennessee Voices for Children.
- Tennessee Alliance for Children and Families.
- Residential Treatment Center Boards, youth board members.
- Youth in DCS custody.

Youths' comments were very informative, especially when asked what they wanted most from providers, which was primarily for someone to hear and honor what was disclosed.

List of All Programs

The CCMH is respectfully requesting deferral of this requirement, pending the results of the FY 2010 Budget. The Report does include the array of services identified as part of SJR 799.

Status of Interagency Collaboration

P.C. 1062 calls for a report of the status of interagency cooperation. The Council and Workgroups were surveyed about perceived status. The results were very favorable about interagency cooperation currently, but the challenges going forward are substantial.

Financial Resource Map

The CCMH is working in concert with the Resource Mapping Advisory Group of P.C. 1197, also passed in 2008, which requires mapping of all federal and state funds supporting youth. The resource mapping process is moving forward with timelines for implementation, indicating a report will be available Spring 2010, which will also provide a financial map for the July 2010 report for P.C. 1062.

Recommendations for Improving Efficiency in Use of Funds

The CCMH will be able to make definitive recommendations for improving efficiency in the future, but not at this time. However, there are contributions to achieve efficiency noted in the Report.

Related Considerations

The CCMH explored statutorily-related matters and other administrative and organizational initiatives relevant to P.C. 1062 and planning for systems of care. The Council intends to stay abreast of all related functions, on-going and as new issues emerge.

The Council on Children's Mental Health is fully engaged in an exciting process to fulfill the requirements of P.C. 1062 to plan for a system of care. It is a complex but achievable task. The CCMH appreciates the commitment of all involved, the support of the Legislature in this endeavor and the opportunity to work with the Legislature, the Administration and others to accomplish the goal.

Table of Contents

PUBLIC CHAPTER 1062
COUNCIL ON CHILDREN'S MENTAL HEALTH

FEBRUARY 2009 REPORT TO THE LEGISLATURE

January 2009

Public Chapter 1062 established the Council on Children's Mental Health (CCMH) to design a plan for a statewide system of mental health care for children. The principles for systems of care were promulgated in Title 33, the Mental Health and Developmental Disabilities law, in 2000. However, children's mental health issues span across departmental lines at the state and local levels. The significance of P.C. 1062 is its recognition that attaining children's mental health goes beyond administrative and service boundaries of any one department or agency.

While "system of care" is conceptual in nature, identifiable relationships among all the parties make systems of care tangible. Relationships among administrative agencies, funders, providers, community supports, educators, advocates, children and their families are seminal. P.C. 1062 articulates the responsibility for the CCMH to design a system that is qualitative, quantitative and functional. This Report responds to the requirement for a report on the status of development of the plan to the Legislature by February 1 of this year.

The organization of this Report is derived from the requirements of P.C. 1062 to address:

I. Status of the Plan;
II. Timeline for Plan development;
III. Barriers to implementation;
IV. List of all programs;
V. Status of interagency cooperation;
VI. Financial resource mapping;
VII. Recommendations for improving efficiency in use of funds;
VIII. Related considerations.

Restatement of System of Care Values and Principles

The goal of the State's system is for children with multi-system needs to be served in their homes and communities. Briefly, values in such a system are demonstrated in services and supports that are

- Child-centered;
- Family-driven;
- Community-based;
- Culturally and linguistically competent.

The values are evidenced in implementation of System of Care Principles. The System has:

- A comprehensive array of services;
- Individualized services based on children's and families' strengths and needs;
- Services and supports occurring in least restrictive environments;
- Families as full partners in planning, implementing and evaluating their experiences;
- Services that are integrated and coordinated;
- Early identification, prevention and intervention services;
- Smooth transition to adult services;

- Advocacy;
- Culturally competent services;
- Accountability for system performance and family outcomes.

When the components are in place with fidelity, one can expect these system outcomes:

- Reduced school suspensions, expulsions, and dropout rates;
- Reduced utilization of inpatient mental health services and residential placements;
- Reduced juvenile court involvement and adjudications;
- Reduced commitments to state custody.

I. STATUS OF THE PLAN
The Council on Children's Mental Health

The Council: Membership of the CCMH meets and exceeds the participation articulated in P.C. 1062. The Co-chairs of the Council—the Commissioner of the Department of Mental Health and Developmental Disabilities (DMHDD) and the Executive Director of the Tennessee Commission on Children and Youth (TCCY)—in conjunction with the Executive Director of the Select Committee on Children and Youth and many others, very quickly identified, invited and assembled state agency leadership, representatives of the Governor's Office, Legislature, Comptroller's Office, Community Service Agencies, providers, advocates, judges and parents of children who had received services to be members of the Council. Youth representatives have been identified but their participation has been limited because of scheduling conflicts.

The CCMH has met five times between July 2008 and January 2009, typically from 10:00 a.m. through 3:00 p.m. in Nashville. A decision was made early in the process that all participants in Council meetings would be considered members in order to be inclusive of all who have an interest. Level of participation has been remarkably high, given the constraints of travel restrictions and significant demands on every person's time. CCMH members and their affiliations are appended at p. 62. Attendance averaged 50 persons for the five Council meetings.

The Council focused on organizational matters; familiarized itself with the history of SJR 799, the programs and priorities of the child-serving departments, and with ongoing activities related to the work of the CCMH like the Early Childhood Comprehensive System grant in Department of Health (DOH), Coordinated School Health in Department of Education (DOE) and a Collaborative on Adolescent Substance Abuse Services in the Governor's Office of Children's Care Coordination (GOCCC). The Council agenda became very expansive due to willingness of members to identify and recommend activities, processes and research that could contribute to and inform system design going forward. It was on this basis that the Council was provided, among other things, overviews of the federally funded System of Care grant programs through DMHDD, depicted in February Report Table 3, p. 15; assessment instruments being used in the State including the Child and Adolescent Needs and Strengths (CANS) utilized by DCS, Tennessee Outcome Measurement System (TOMS) utilized by DMHDD, and the System of Care National Evaluations required of the federally funded grant projects.

A full representation of agendas and outcomes is depicted in February Report Table 1 Summary of Agenda, Purposes and Outcomes, p. 3.

Council Workgroups: Six Workgroups formed during the period of SJR 799 were revised for continuation under P.C. 1062, combining two groups and adding a new one. The Workgroups have met independently of each other as frequently as needed to achieve their objectives and reported their activities and next steps at CCMH meetings. The Workgroups and their foci are reflected in the following February Report Table 2, p. 11.

FEBRUARY REPORT TABLE 1
SUMMARY OF AGENDAS, PURPOSES AND OUTCOMES

January 2009

DATE	AGENDA ITEM	PURPOSE	RESULTS/CONSIDERATIONS
MEETING 1 7/22/08 10:00 A.M.- 3:00 P.M.	Welcome/Introductions	Familiarize Council w/ participants, affiliations, and interests. --Virginia Trotter Betts --Linda O'Neal --Rep. Sherry Jones	❍ Identified additional people to invite to participate. Clarified responsibilities of participants. ❍ Reviewed national Report on Children's MH definition of mental health: successful performance of a variety of functions and the ability to adapt to change and to successfully cope with adversity.
	Overview of P.C. 1062	Familiarize Council w/ requirements of the law. --Linda O'Neal	❍ Identified elements for improving children's mental health in TN from the law. ❍ Discussed why families, the mental health system, and education each need a system of care.
	Overview of SJR 799 ❍ Select Committee Child/Youth ❍ SJR 799 Survey ❍ Service Array Workgroup ❍ Interagency Collaboration WG ❍ Management Information WG ❍ Funding Workgroup ❍ Accountability Workgroup	Describe historical perspective on SOC activities to date. --Cindy Perry --Workgroup Chairs	❍ Discussed results of survey of perceived needs and issues; reviewed products of SJR 799 Workgroups to list all desired services and supports in SOC, Interagency Collaboration vision for a SOC, existing and potential management information systems, funding streams for the service array, focus and locus of accountability measures which assure quality services.
	Clips from SJR 799 Town Hall Meetings	Provide highlights of 14 Town Hall meetings	❍ Demonstrated recurring themes of need for better outcomes and to hear from constituents statewide and need for community leadership in SOC.

	Updates on Activities Related to P.C. 1062 Requirements ❍ Center on Social Emotional Foundations for Early Learning (CSEFEL) ❍ Early Childhood Comprehensive System (ECCS) ❍ Schools & MH Integration Grant ❍ Financial Mapping/T-ACT	Familiarize Council w/ other activities that could inform or influence implementation of P.C. 1062 --Matt Timm --Rosie Wooten --Sara Smith --Mary Rolando	❍ Learned the plan for Team Tennessee's training and technical assistance for child care workers through a pyramid model developed by CSEFEL. ❍ Related umbrella planning structure of ECCS to the CCMH. ❍ Discussed implications of Coordinated School Health inclusive of mental health and of the TN Schools and MH Systems Integration Grant funded by IDEA Safe and Drug Free Schools resources. ❍ Conveyed information about financial mapping from a collaboration of departments and other agencies with an interest in children/youth substance abuse issues.
	Strategies for Accomplishing Requirements of the Law	Open discussion about next steps	❍ Council suggestions included reviewing TN experiences w/ SOC, local marketing/public awareness about P.C 1062 implementation, various presentations, identifying barriers and conflicts at local levels, laws and experiences of other states, identifying quick wins/barriers that can be addressed easily and soon.
	Committee Structure and Assignments	Assess status of SJR 799 workgroup structure and utility going forward.	❍ Workgroups—retain workgroups; have representatives of each state department in each group; add cultural/linguistic competency and EBPs workgroups. ❍ Council—model collaboration required by SOC; identify smaller executive steering committee to develop structure for strategic plan. ❍ Report—establish timeline, identify needed information, gain information on perceived barriers.
DATE/TIME	AGENDA ITEM	PURPOSE	RESULTS/CONSIDERATIONS
MEETING 2 8/28/08 10:00 A.M.-3:00 P.M.	Requirements of P.C. 1062	Overview for first-time Council participants; review for others.	❍ Focused on deliverables: o February 1 2009 Report to Legislature o July 1 2010 Plan for three demonstration sites for inclusion in 2011 budget o Plan for 10 sites by July 1 2012 if prior plan is funded o Plan for system statewide by 2013 if prior plan is funded.

	Overview of Child-serving Departments ❍ DCS ❍ DOE ❍ DOH ❍ DMHDD ❍ TennCare ❍ TCCY	Familiarize or update Council on agency priorities, services and other characteristics. --Viola Miller --Mike Herrmann --Veronica Gunn, MD --Virginia Trotter Betts --Jeanne James, MD --Linda O'Neal	❍ DCS—As the state's public child welfare agency (foster care, juvenile justice, child protective services, in-home services) serving children w/ complex issues, the need is for multi-system approach to treatment and early identification. Improvements are being made by use of CANS assessments and multi-agency focus on MH issues of children in custody. ❍ DOE—Acknowledging the effect of mental health issues on ability to learn and variability in school districts, relevant programs include Coordinated School Health (Meeting 1), Special Education and school safety and support. ❍ DOH—DOH's mission is to protect, promote and improve well being of all Tennesseans, including emotional well being. Have experienced rise in WIC referrals and families with more mental and behavioral health needs. ECCS, home visitation programs, child immunization, Fetal/Infant Mortality Review (FIMR) and suicide prevention programs are relevant to P.C. 1062. ❍ DMHDD—As the state's public mental health and A&D authority, the department plans for and promotes the development of a comprehensive array of quality prevention, early intervention, treatment habilitation and rehabilitation services for individuals and families. The department also runs the Regional Mental Health Institutes (RMHIs) and provides policy oversight of TennCare funded services. The department has federally funded SOC grants that include sustainability plans, as do other DMHDD state and federal block grant programs. An important message is that mental health and substance related care are fundamental and integral to health and economic prosperity. ❍ TennCare—Of 1.2M enrollees, 700K are children served in integrated models of physical and behavioral health. Relevant programs are TENNderCare and EPSDT. Foci include EBP, screening, identification, referral and treatment inclusive of mental health, behavioral and school functioning. ❍ TCCY—With a primary mission of advocacy to improve quality of life for children and families, has statutory responsibilities to report impact of impending legislation and make budgetary recommendations. TCCY administers Juvenile Justice grants/contracts in all Tennessee counties, reviews DCS cases through CPORT, produces the state's KIDS COUNT and manages the Ombudsman Program for children involved with child welfare programs and Juvenile Justice.

	Developing Common Language	Familiarize Council with definitions of comprehensive array of services developed during Collaborative on Adolescent Substance Abuse project. --Stephanie Shapiro	❍ Definitions, which focus on substance-related and co-occurring disorders, can serve as root for comprehensive mental health definitions and terms used in a variety of child-serving setting. ❍ Council recommended expansion to include community supports and other non-clinical services.
	Barriers/Challenges in Children's Mental Health	Recognize issues Council will need to address going forward	❍ Council will submit additional perceived barriers to those identified by individual Council members and DMHDD Planning & Policy Council Children's Committee.
	Regional Stakeholder Focus Group Proposal	Explore proposal to get community level information and promote Council activities thru 20-25 focus groups organized by CSAs statewide. --Sue Pilson	❍ Council decided to consider the proposal when there is a better sense of what the Council and workgroups need to learn from community stakeholders.
	Description/Charge to Workgroups	Assure workgroup participation has multi-agency representation.	❍ Accountability Workgroup and Management Information Systems Workgroup were combined. ❍ Cultural and Linguistic Competency Workgroup and EBP Workgroup were added. ❍ Retained Funding, Interagency Collaboration, Service Array Workgroups.
	Workgroup Reports	Work in content areas to hone focus on charges.	❍ Workgroups reported anticipated needs, strategies, deliverables, and next steps appropriate to the individual content areas. ❍ Workgroups were charged to meet, conduct and review work and communicate outcomes to Council Co-Chairs for inclusion in subsequent agendas. ❍ Recommended agenda for next meeting.

DATE/TIME	AGENDA ITEM	PURPOSE	RESULTS/CONSIDERATIONS
MEETING 3 10/21/08 10:00 A.M.- 3:00 P.M	TN Systems of Care Presentation	Familiarize Council w/ TN's System of Care experiences resulting from three federally funded grants.	❍ Reference February Report Table 3. ❍ Presenters at Council Meeting --Freida Outlaw --Alisia Martin --Jeune Wood --Jules Marquart --Cindy Potts --Traci Sampson --Millie Sweeney --Sheila Taylor --Susan Steckel --Lygia Williams --Sonya Beasley --Charlotte Bryson --EAnn Ingram --James Schut
	Workgroup Updates ❍ Accountability and Management Information Systems ❍ Cultural and Linguistic Competency ❍ Evidence-based Practice ❍ Funding ❍ Interagency Collaboration ❍ Service Array	Updates/status reports by Workgroups to full Council.	❍ Reference February Report Table 2. ❍ Workgroup Co-Chairs --Traci Sampson and Pam Brown --Deborah Stafford --Michael Cull and Vicki Harden --Mary Linden-Salter and Nneka Gordon --Dustin Keller and Freida Outlaw --John Page and Pat Wade
	Report of Grand Rounds: Child and Adolescent Needs and Strengths (CANS)	Introduce Council to strengths-based assessment tool being used by DCS & in several other states. Explore expanded application potential in SOC.	❍ Council determined it needed more information in order to answer some questions which included, among many others, ❍ Whether one assessment tool can meet needs of unique children and all child-serving disciplines ❍ Relationship to Tennessee Outcome Measurement System (TOMS) which meets national mandates for data ❍ How this could be implemented system-wide, statewide
DATE/TIME	AGENDA ITEM	PURPOSE	RESULTS/CONSIDERATIONS
MEETING 4 12/5/08 10:00 A.M.- 2:00 P.M	DMHDD Budget Hearing Update	Provide Council with status report about requirements of all departments, DMHDD specifically, to reduce budgets. --Virginia Trotter Betts	❍ Commissioner Betts discussed the budget hearing and recent departmental activities, informing the Council of the 3 ways to reduce the budget (central office staff/expenses; RMHI capacity; community contracts) to reach 15% reduction. Tennessee is one of 41 states experiencing serious reductions in mental health. ❍ Linda O'Neal recommended that in this period of such significant budget restrictions and short-falls, it is crucial to maximize resources, improve coordination and continue to strive for quality services.

	TCCY/MHDD/GOCCC Collaboration	Announce agreement to develop February Report for P.C. 1062. --Linda O'Neal	❍ GOCCC will organize, develop and compile information required by P.C. 1062 for the Report; provide a draft Executive Summary, Report and related documents for review, comment and revision to the co-chairs of the Council and others as appropriate; finalize the Report for timely delivery to the General Assembly.
	Media Relations Workgroup	Establish new Workgroup --Linda O'Neal	❍ The new workgroup will initially focus on publicizing the work of the CCMH and opportunities for involvement.
	Policy Academy Application: Family Driven Care	Inform Council about grant application to Federation of Families --Freida Outlaw --Millie Sweeney	❍ Grant (which was funded) will support 7-9 participants with technical assistance in developing family-driven SOC through resource mapping, Medicaid and other finance mechanisms, workforce development and engaging young people in work.
	Assessment Instrument Reports ❍ Child and Adolescent Needs and Strengths (CANS) ❍ Tennessee Outcome Measurement System (TOMS) ❍ SOC National Evaluations	Expose Council to current types of assessments being done that relate to SOC processes. --Michael Cull --Richard Epstein --Paula DeWitt --Freida Outlaw	❍ Council considered the distinctions and compatible processes of ❍ CANS—a tool administered by trained raters to identify child/family strengths and needs at intake and periodically thereafter that can be used across domains and which can lead to systems change by utilizing aggregate data. ❍ TOMS—a self-report instrument administered at 20 CMHCs, analyzed by a third party and distributed to the department, CMHCs and one MCO. ❍ SOC National Evaluations—a set of 17 descriptive, outcome and service experience measures collected primarily from caregivers as their children enter SOC services and some data such as diagnostic assessments drawn from intake records, all of which contribute to one of 4 studies: Cross-sectional Descriptive; Longitudinal Child and Family Outcome; Service Experience; or Services and Costs studies.
	Workgroup Reports ❍ Accountability/Management Information Systems ❍ Cultural and Linguistic Competency ❍ Evidence-based Practice ❍ Funding ❍ Service Array ❍ Service Integration	Provide updates on activities, assure communication among workgroups, identify information needed by groups, identify next steps and responsible parties.	❍ Reference February Report Table 2. ❍ Workgroup Co-Chairs --Traci Sampson and Pam Brown --Deborah Stafford --Michael Cull and Vicki Harden --Mary Linden-Salter and Nneka Gordon --Dustin Keller and Freida Outlaw --John Page and Pat Wade

	February Report to General Assembly	Solicit input from Council about content to be included in Report.	❍ Report is to include status of Plan, timeline for plan development, barriers to implementation, current programs, status of interagency cooperation, financial resource map, recommendations for improving efficiency in use of funds and other considerations. ❍ Council recommended inclusion of statement about impact of economic downturn on programs and services to children.
DATE/TIME	AGENDA ITEM	PURPOSE	RESULTS/CONSIDERATIONS
MEETING 5 12/5/08 10:00 A.M.- 3:00 P.M	Juvenile Court Commitment Orders (JCCOs)	Learn the issues and perspectives about JCCOs that were discussed during Mtg. 4 more definitively --Jeff Feix, DMHDD --David Haines, Admin Office of the Courts	❍ Council expressed serious concern about the status of youth, reflected in the reduction of inpatient evaluations, having gone from 60+ in the month preceding the court order to only one after implementation of the ruling about State/County responsibilities for costs for evaluations. ❍ Council formed a workgroup focused on resolving complex issues associated with accessing timely forensic evaluations for the courts to rely on when a juvenile has charges against them that would be a felony were they an adult. One criterion is to avoid unnecessary costs but meet the need for timely evaluation, safety and placement of the youth.
	Impact of Economic/Funding Situation on CMHCs	Update on the experiences of CMHC providers since conversion to integrated health and mental health MCOs. --Kathy Benedetto --Vickie Harden --John Page --Kathy Gracey	❍ Implementation of integrated MCO contracts varies but the current status is better than had been forecasted during Meeting 4 when provider contracts were not signed and there were numerous unanswered transition questions. ❍ Providers are sustaining services at an operational level of reimbursement, are attempting to blend funding to sustain responsive, innovative services, focusing on implementation of EBP with an expectation that appropriate funding will follow. ❍ MCO representatives expressed willingness to explore incentives for early intervention services vs. more intrusive, costly residential treatment.

	Impact of Economic/Funding Situation on Other Private Not for Profit Agencies	Bring perspectives of private not for profit providers other than CMHCs to the attention of the Council. --Raquel Hatter --Bonnie Benecke --Millie Sweeney	o Number of responses to brief survey was limited but informative about collaboration, impact of compassion fatigue on front line staff and tangible needs of organizations. o Agencies are dealing with numerous unknowns and are reluctant to add staff. o Are following guidance from Center for Non-profit Management re: cutting administrative costs, renegotiating (rental agreements) and restructuring capital and development campaigns.
	Policy Academy Plans	Update on 2009 Policy Academy: Transforming Children's Mental Health through Family-Driven Strategies. --Freida Outlaw	❍ State is one of six selected by National Federation of Families for Children's Mental Health 2009 Policy Academy in February. ❍ Purpose is to get technical assistance to enhance implementation of P.C. 1062 in asset mapping, theories of change, approaches to get buy-in from decision makers, Medicaid and other finance mechanisms, workforce development and overcoming disparities. ❍ Participants include representatives of DMHDD, GOCCC, Select Committee on Children and Youth, TennCare, DCS, TVC, Muletown SOC, AOC, parents and Legislature.
	K-Town System of Care Application	Update on SOC application. --Freida Outlaw	❍ Application was submitted timely. ❍ Refer to February Report Table 3 for description of the project.
	Draft Preliminary Report Discussion	Overview of draft February 2009 Report to the Legislature --Mary Rolando	❍ Council considered and discussed elements of draft report organized to correspond to requirements of P.C. 1062 (listed on p.1 of this Report) ❍ Agreed to provide comments and additional information to complete the Report timely.
	Next Steps for CCMH	Schedule of next meetings. --Linda O'Neal	o The Council will meet next in March and April and every two months thereafter through June 2010 in order to deliver a Plan to the Legislature by July 2010.
	Acceptance of Meeting Summaries for Meetings 1-4	Formal vote on Meeting Summaries provided by DMHDD on behalf of the Council. --Linda O'Neal	o Council voted unanimously to accept meeting summaries provided by DMHDD staff.

February Report Table 2

CCMH WORKGROUPS
OVERVIEW OF PURPOSES, ORGANIZATION AND PRODUCTS

ACCOUNTABILITY/MANAGEMENT INFORMATION SYSTEMS WORKGROUP

CHARGE: Determine outcomes, performance measures, and evaluation processes needed for a System of Care.

GOAL: Define proposed key indicators; define business rules to deliver key indicators; define options and implications for implementation relative to information system needed, policies and workforce development.

ACTIVITIES: Distributed and reviewed a variety of SOC outcome measurement systems and indicators used within Tennessee and other states; developed "Guiding Principles" for design of statewide indicators; reviewed various sources and developed initial draft of possible outcome indicators based on adjustments to Muletown outcome indicators among numerous other actions to build a foundation for accountability measures.

PRODUCTS: Draft Target Outcome Indicators.

NEXT STEPS: Focus on business rules to deliver key outcome indicators; define options and implications for implementation.

FUNDING WORKGROUP

CHARGE: Determine current funding streams and expenditures to inform resource mapping requirement and identify potential additional funding sources.

GOAL: Assist the CCMH in developing financial resource map and cost analysis of all federal and state funded programs for children's mental health SOC.

ACTIVITIES: Matched list of comprehensive services with federal, state, local funding streams during SJR 799; in process of researching SOC funding in other states.

PRODUCTS: Preliminary mapping of services and funding sources.

NEXT STEPS: Coordinate Workgroup activities with those of P.C. 1197, Resource Mapping for all children's state services and programs; assess benefits of blending, braiding and pooling resources; procure technical services to develop a funding resource map to inform planning processes.

INTERAGENCY COLLABORATION WORKGROUP

CHARGE: Determine how to establish mechanisms to ensure interagency communication and cooperative work toward more seamless systems for children and families.

GOAL: Identify and explore more comprehensive, coordinated system to address individualized mental health needs of children/youth and their families.

ACTIVITIES: Integrated Interagency Collaboration work from SJR 799 into P.C. 1062 processes; identified critical barriers to implementation of SOC in Tennessee; reviewed existing statewide infrastructures and interagency agreements; consulted with leadership of successful Tennessee SOC projects and New Jersey statewide SOC; extended criteria beyond quality interagency collaboration to service integration constructs.

PRODUCTS: Articulation of barriers and a set of recommendations for consideration by the CCMH; framework for movement from Collaboration to Services Integration, inclusive of definition of terms, levels at which integration needs to occur, and criteria for achieving integration; a set of recommendations to establish state level authority to direct development and maintain a statewide SOC and for structures for regional and community level entities.

NEXT STEPS: Bring recommendations before the CCMH.

SERVICE ARRAY WORKGROUP

CHARGE: Determine the services and supports currently available and those needed to implement systems of care statewide.

GOAL: Identify a comprehensive array of services that address physical, emotional, social, and educational needs of children.

ACTIVITIES: Identified potential barriers to achieving the goal and charge; reviewed possible current sources of information about services and supports available statewide; redefined a more viable task for the completion of the work; and continued to refine the comprehensive array of services list developed under SJR 799.

PRODUCTS: An updated comprehensive array of services list that will continue to be refined throughout the P.C. 1062 process

NEXT STEPS: Working with several existing documents or groups [i.e., national taxonomy of service definitions for 2-1-1; comprehensive service array definitions; P.C. 1197 resource mapping], develop consensus definitions for each of the array of services; then prioritize services in each area as core services and specialty services.

CULTURAL AND LINGUISTIC COMPETENCY WORKGROUP

CHARGE: Determine how to ensure services and supports are reflective of the cultural, community characteristics and languages of children and families served.

GOAL: Assist the CCMH in designing policies and procedures that assure cultural and linguistic competence in all facets of SOC.

ACTIVITIES: Researched resource tools from other SOCs and the National Center for Cultural Competence; consulted with parents.

PRODUCTS: Extensive set of recommendations have been formed for CCMH adoption.

NEXT STEPS: Prioritize recommendations and develop appropriate methods to get needed information; disseminate results; evaluate and monitor quality of applications and interventions.

EVIDENCE-BASED SERVICES WORKGROUP	
CHARGE:	Determine the status of current service provision relative to evidence-based practice (EBP) and how to move forward with implementation of more such practices.
GOAL:	To formulate a consensus definition of evidence-based practice, consolidate information about current EBP initiatives and ensure an approach that maintains integrity of SOC principles.
ACTIVITIES:	Workgroup meets via teleconference twice monthly, has developed elements from which to develop final products and done extensive research to guide EBP definitions and criteria for the State.
PRODUCTS:	A consensus definition for EBP has been drafted and a survey of providers about experience with and need for assistance with EBP are in final stages of development.
NEXT STEPS:	Finalize definition of EBP for adoption in March 2009; survey providers and analyze results; form recommendations including developing methodology for consistent monitoring among agencies and organizations.

MEDIA RELATIONS WORKGROUP	
CHARGE:	Develop strategies for disseminating information about System of Care and work of CCMH.
GOAL:	To assure communities are knowledgeable about, supportive of and contributors to systems of children's mental health care.
ACTIVITIES:	A Workgroup has been formed.
PRODUCTS:	Column: Special to *The Commercial Appeal*, November 2008.: When we help children, everyone wins: A "system of care" approach provides a comprehensive foundation of assistance for youngsters with mental health issues. Column: Commentary in The Tennessean, January 2009: Science shows transfers are not the answer. Newsletter: TCCY *The Advocate*, December 2008: Tennessee Moves to Improve Children's Mental Health Care; Creates Council on Children's Mental Health.
NEXT STEPS:	Press Release planned for February 2009 with submission of Preliminary Report to the Legislature.

Complete reports of the Workgroups and Workgroup participants are in February Report Document Group 1, pages 26 through 52.

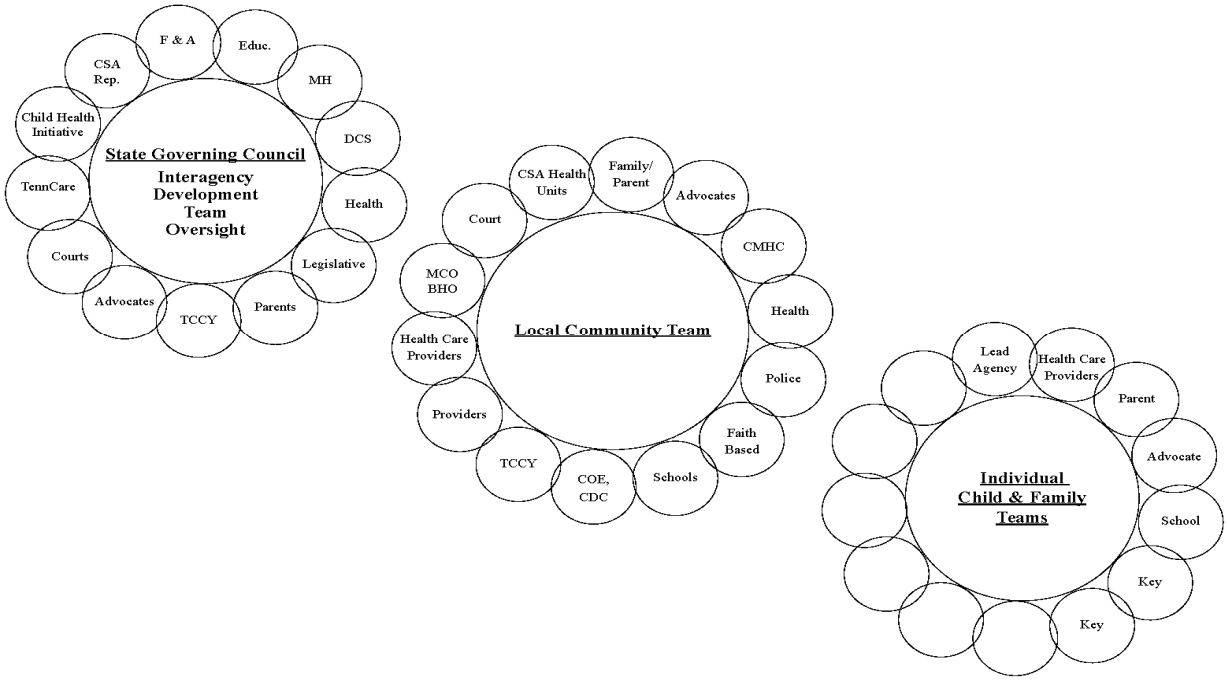
Tennessee System of Care Experience: Senate Joint Resolution 799 Final Report to the Tennessee General Assembly, April 1 2008, identified four cornerstones of a system of mental health care for children:

1. Vision and principles-based mental health care;
2. Interagency coordination and collaboration in delivering and accessing mental health care;
3. Delivery of high quality, effective care;
4. Development of infrastructure that includes mental health system personnel carrying out efficient delivery of services and supports.

The legislation that resulted from the SJR 799 process, P.C. 1062, was constructed to assure the cornerstones are developed to implement and sustain systems of care statewide.

Graphic representations of systems of care depict the infrastructure to include these elements:

- At the state level, i.e., the CCMH, an interagency, multidisciplinary group inclusive of families and youth authorized to develop and maintain accountability for and oversight of systems of care;
- At the community level, an identifiable leadership team which implements a system of care based on SOC values and principles, tailored to unique community features and which has the authority to commit resources to the system;
- For individual child and families, teams chosen by families who support them in developing and implementing plans, document and communicate successes, barriers and challenges, and sustain families in services as objectives are met.



The State has had substantial experience with development and implementation of federally funded systems, matched with cash and in-kind resources, with the criteria and concepts above to guide SOC projects. Tennessee's experiences are summarized in the February Report Table 3: the Status of the projects, Characteristics of Families Served and Selected Outcomes.

February Report Table 3
TENNESSEE SYSTEM OF CARE EXPERIENCE

PROJECT	STATUS	CHILDREN/FAMILIES* SERVED		SELECTED OUTCOMES
		# SVD	SELECTED CHARACTERISTICS	
NASHVILLE CONNECTION Funding over 6 Years: $6.3M Federal $4.2 Match Provided**	Initiated: 1999 Ended: 2006	323	❍ Davidson County residents; ❍ Children with SED age 5-18; ❍ Global Assessment Function (GAF) of ≤ 50; ❍ Multi-agency involvement; ❍ Imminent risk of state custody or psychiatric hospitalization; ❍ Most (69%) at or near poverty level; ❍ One third w/ 4 or more family risk factors; ❍ 40% of children w/ 2 diagnoses and 15% w/ 3 or more diagnoses; ❍ 30% had previous psychiatric hospitalizations; ❍ 50% of caregivers had mental illness or dual diagnosis.	❍ 97% of children remained in the community; ❍ All demonstrated clinical improvement over time; ❍ Decreased school absenteeism; ❍ Decreased residential care and hospitalization; ❍ Increased service coordination; ❍ Improved grades; ❍ Decreased suspensions; ❍ Estimated annual cost savings: $2.6M (based on 120 children); ❍ When grant ended: (1) sustained and expanded MH-School Liaisons to rural East, Middle and West Tennessee through DMHDD/DOE collaboration; (2) used carry-over for Leadership Training statewide; (3) w/ DCS developed SOC-based program, “Family Connection”.
MULETOWN FAMILY NETWORK Funding Over 6 Years: $6.7M Federal $6.7M Match Required**	Initiated: 2005 Anticipated End Date: 2011	Target: 440 Current: 173	❍ Maury County residents; ❍ Birth-21 years of age; ❍ SED diagnosis (include but not limited to ADHD, bipolar disorder, depression, OCD); ❍ Multi-agency involvement; ❍ 74% below poverty and 12% at or near poverty level; ❍ 48% have IEP.	❍ Improved internalizing and externalizing clinical outcomes at 12 mos.; ❍ Reduced impairment in overall functioning; ❍ Reduced bullying and fighting; ❍ Somewhat reduced caregiver strain; ❍ Some improvement in grades; ❍ Stability of living arrangements improved ❍ Caregivers give high ratings of fidelity to wraparound, especially during initial; engagement and implementation phases. ❍ Caregivers rate staff cultural competency highest among 10 wraparound principles.

				Note: The results above are very early. All are after 6 months unless otherwise noted.
JUST CARE FAMILY NETWORK Funding Over 6 Years: $9M Federal $8.5M Match Required**	Awarded: 10/2008 Anticipated End Date: 2014	Target: 450	❍ Shelby County residents; ❍ 5-19 years old at time of enrollment; ❍ Emotional, behavioral or mental health disorder present; ❍ Multi-agency involvement; ❍ At risk of placement outside home; ❍ Caregiver/parent willing to maintain child in home, school and community.	PROJECTED Outcomes in addition to improved Clinical Outcomes: ❍ Family Support Providers integral to SOC success; ❍ Youth In Action Council established as community leaders & peer advocates; ❍ Mental health support to child/family in school settings; ❍ Formal relationship w/ JUSTCARE 180, a youth, family and neighborhood development approach to reducing youth delinquency and promoting youth success. Funded by the Memphis City Council, this is a dedicated commitment by the community to building community.
K-TOWN YOUTH EMPOWERMENT NETWORK Funding Request Over 6 Years: $9M Federal $8.5M Match Required**	Grant Application Submitted: 1/14/09 Anticipated Award Date: 9/30/09 Anticipated End Date: 2015	Target: 400	❍ Knox County residents; ❍ Youth age 14-21 in transition to adulthood; ❍ Emotional, behavioral or mental health disorder present; ❍ Impaired functioning at home, school and community so that involvement with multiple service agencies is required; ❍ At risk of placement to a higher level of care (inpatient hospitalization, residential treatment, or state's custody for treatment); ❍ A parent or caregiver willing to participate in the wraparound process to maintain the child at home, at school, and in the community OR youth willing to participate in WRAP services to remain independently in the community.	PROJECTED Outcomes in addition to improved Clinical Outcomes: ❍ Family and Transition Support Providers integral to SOC success; ❍ Youth In Action Council established as community leaders and peer advocates; ❍ Mental health support to youth in transition to adulthood in high school, vocational, and higher education settings; ❍ Improved functioning in the home, school, and community; ❍ Successful youth transition into adulthood.

* For purposes of this Table, the term "Families" is inclusive of caregivers with whom children/youth reside in a family setting.
** Match can be in the form of cash or in-kind contributions. Most match has been in-kind and much of it from the community.

Common themes among the projects include a focus on at risk children, children with complex mental health and other needs, or children who have contact with multiple agencies, and who have families willing to partner in processes to improve their lives together; there are recognizable geographic boundaries and clearly defined criteria for eligibility, even though the criteria differ from project to project; families are at or near poverty. A significant theme is that the projects are structured to be replicated and sustainable, with outcomes measured by the SOC National Evaluations.

These projects provide a superior foundation for designing and planning for systems of care statewide, as required by P.C. 1062.

II. TIMELINE FOR PLAN DEVELOPMENT

The CCMH plans to meet during March, April, June, August, October, December in 2009 and February, April and June in 2010 or more often as needed to complete a plan by July 2010 for statewide implementation of systems of care. Workgroups will meet as often as necessary to support the agendas of the Council and development of the plan.

III. BARRIERS TO IMPLEMENTATION

Potential barriers to implementation of systems of care in Tennessee were identified in SJR 799 Town Hall meetings, through DMHDD's Title 33 Planning and Policy Council rankings, and captured in discussion in CCMH meetings. During early January, Council members were surveyed individually and anonymously about perceived barriers to successful implementation of systems of care and the structures that might overcome the barriers.

Members were surveyed about barriers in four areas:

- Administrative;
- Service;
- Policy;
- Implementation of SOC principles.

Key Findings of the CCMH Survey: Of Council respondents, almost half (47.4%) identified overcoming administrative and provider territoriality as the greatest barrier and almost 40% (38.9%) listed lack of integrated information systems as second in rank relative to Administrative barriers. For Services, the results about barriers to implementation were clear. Over half (54.5%) perceived the limited number and array of services to be the greatest impediment to implementation, followed by difficultly in implementing Evidence-based Practices, an increasingly mandated requirement of state agencies for publicly funded services. The Policy barriers were equally clear. Half the respondents perceived inadequate cross-agency coordination about children's mental health to be the greatest barrier. Conflicting state agency rules and requirements was a distant second-ranked Policy barrier at 24%.

The results were consistent across the four areas. The top Administrative barrier—overcoming administrative and provider territoriality—and the top Policy barrier—inadequate cross-agency coordination—are fundamentally linked, obvious and, therefore, a target for problem solving. One approach to the resolution of disparate perspectives is to ask: Who is the system for? In a System of Care the only response is it is for the children and families, not providers, organizations and agencies. Again relative to consistency of the Council responses, while the greatest challenge to implementation of the Principles was achieving commitment/buy-in by state agencies, local communities and providers, when asked the most important factors to overcome the barriers, respondents rated joint planning among all child-serving agencies and statewide culture change to a shared vision about responsive systems for children and families.

The survey about Barriers also indicated the preponderance of the respondents (68%) had been involved in children's mental health systems of care and half had been in leadership roles, again suggesting that knowledge about barriers was based on experiences. The entire results of the survey of the CCMH about Barriers are appended as Figure 1 in February Report Document Group 2, Survey Results, pages 53 through 59.

Key Findings from the Youth Survey: One barrier for the Council has been that of getting input from youth. As noted in the earlier description of the CCMH, youth have been identified to participate in the Council but participation has been limited as a result of scheduling conflicts. Most Council members are able to meet during normal business hours, which coincide with school hours, making it difficult for youth to attend CCMH meetings. The Council is seeking alternative venues for including youth. Options include holding focus groups in the future, associating with the chapters of the national mental health youth movement, Youth In Action, and periodically repeating the survey process used for this Report.

Input from youth for this Report came from these sources:

- Youth Councils affiliated with Tennessee Voices for Children.
- Tennessee Alliance for Children and Families.
- Residential Treatment Center Boards, youth board members.
- Youth in DCS Custody.

The following figures describe from whom youth had received services, who had been most helpful to them and where, outside their homes, they had resided for mental health services.

Figure 2: Percentage of Youth Respondents Served by Various Agencies & Individuals Youth Survey Results

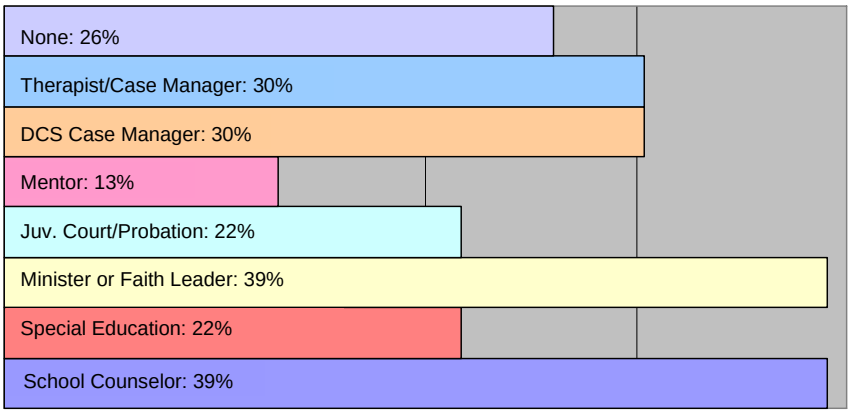


Figure 3: Most Helpful Services Youth Survey Results

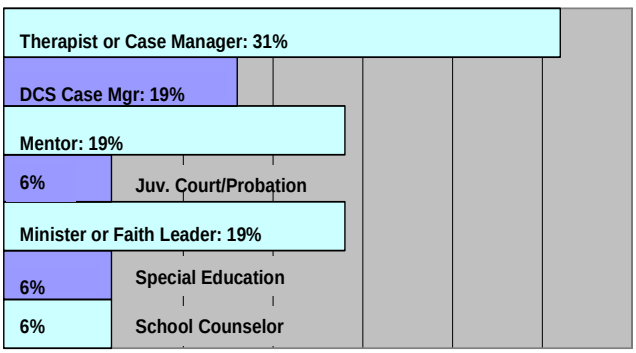
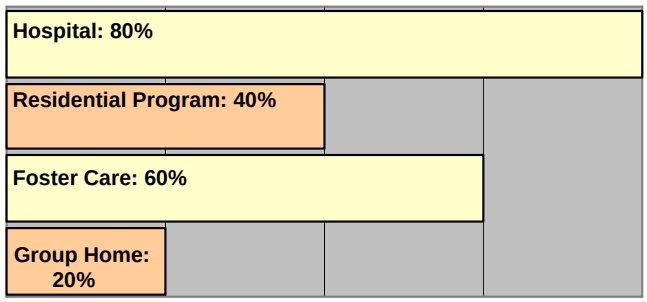


Figure 4: Places Stayed to Receive Mental Health Services



The most striking findings were factual: Services provided by school counselors was matched by contacts with youth ministers or faith leaders. Of the 26 youth respondents, 80% had been hospitalized for mental health services. The preponderance (73%) live with birth parents, certainly encouraging given the DCS priority for family unification. The median age of respondents was 15; the median age at which youth entered services was 12.

Youth's comments were very informative, especially when asked what they wanted most from service providers, which was primarily for someone to hear and honor what was disclosed. They said:

- Listen to us about what we think will help.
- We need to know you really care about us.
- Need more services in my community, close to my home.
- Involve youth in positive activities.
- Peer-to-peer support would help me.
- Involve my family.
- Confidentiality is important to us.
- I need to know that you believe in me.

IV. LIST OF ALL PROGRAMS

The CCMH respectfully requests deferral of this requirement, pending the results of the FY 2010 Budget. It is a difficult time for all state agencies, which are being asked to make severe reductions in programs and services. Child-serving agencies are not exempt. It would be misleading to inventory programs on this date when those services may not be available in the near future because of reduced financial support or changes in TennCare. However, the array of services identified as part of SJR 799 is included on p. 42 of this Report.

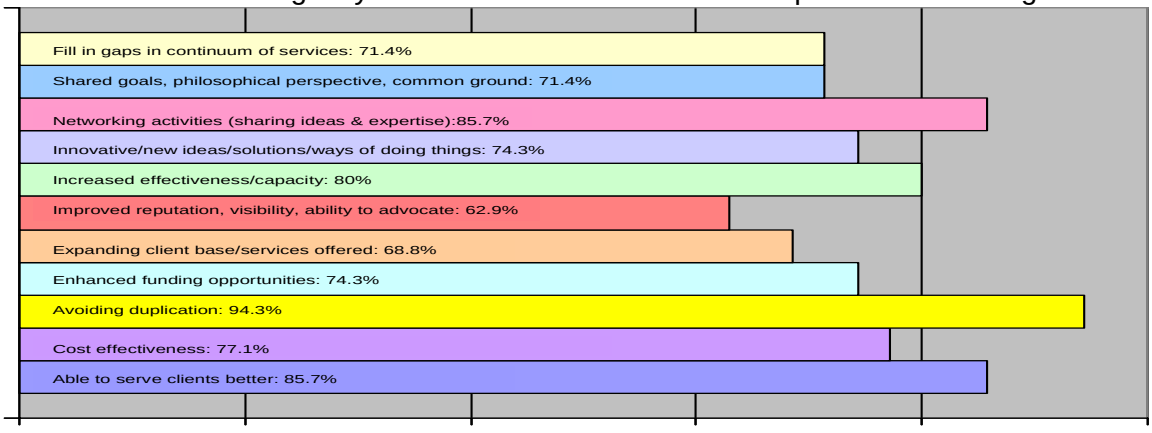
V. STATUS OF INTERAGENCY COOPERATION

P.C. 1062 asks for a report of the status of interagency cooperation. This somewhat nebulous construct was made tangible by researching criteria for assessment of perceived status and applying it to experiences of Tennessee's CCMH and Workgroups. The results indicated very favorable perceptions of interagency cooperation currently, but the challenges going forward are substantial.

Key Findings from the Survey of the CCMH and Workgroups: Communication about the CCMH is good.

- 94% of respondents are actively participating in at least one Council Workgroup;
- 91% of agencies indicated commitment to development of systems of care;
- 82% of agencies have consistent, high-level participation in the CCMH;
- 77% of agencies understand goals of the CCMH and regularly get information about the progress of the Council.

The CCMH and Workgroups also see challenges ahead: only 41% perceived the Council to have a plan for provision of culturally, linguistically competent services. The Council was asked to rate the perceived benefits of Interagency Collaboration with the results depicted below in Figure 6.



Additional results of the Status of Interagency Cooperation survey are in Figure 6, February Report Document Group 2, Survey Results, p. 58.

IV. FINANCIAL RESOURCE MAP

P.C.1062 calls for financial resource mapping for SOC planning. Financial resource mapping of services is a work in progress. During SJR 799, the Funding Workgroup identified fund sources for each individual service and support in the comprehensive service array. P.C. 1197, also passed in 2008, requires TCCY to design and oversee resource mapping of all federal and state funding support for health, safety, permanence, growth, development and education of children from birth through age of majority or through the period of one's state custody. The CCMH is working in concert with the Resource Mapping Advisory Group to identify, quantify, and geographically locate federal and state funds supporting children's/families' mental health and substance use related supports and services. The resource mapping process is moving forward with current timelines for implementation, indicating a report will be available Spring 2010, which will also provide a financial map for the July 2010 report required by P.C. 1062.

V. RECOMMENDATIONS FOR IMPROVING EFFICIENCY IN USE OF FUNDS

The CCMH will be able to make definitive recommendations for improving efficiency in the future, but not at this time. However, there are notable contributions to demonstrate and achieve efficiency in structuring SOCs: (1) An agreement has been reached among TCCY, DMHDD and the GOCCC to meet the requirement of P.C. 1062 to develop a Council on Children's Mental Health and report the status of its work to the Legislature by February 2009. A Memorandum of Understanding about the respective agency commitments for this purpose is appended on p. 60. (2) The CCMH is working closely with the leadership group identified in P.C. 1197, a law that requires mapping of all federal and state resources for children—conception through age of majority or until youth in custody are no longer eligible for services from DCS. There is more about the relationship of P.C 1062 and P.C. 1197 below and in VI above; (3) The Report on the Collaborative on the Funding and Administration of Substance Abuse Services for Children/Youth and Their Families, a product supporting the T-ACT Grant noted below, contains recommendations for prevention, early intervention and alternatives to hospitalization and residential treatment. That Report is expected to inform the work of the CCMH and P.C. 1197.

VI. RELATED CONSIDERATIONS

In addition to the specific activities and work products of P.C. 1062, there are a number of statutory requirements and initiatives by the administration and other organizations that are building blocks for achieving and sustaining fidelity to SOC principles, many of which have been explored by the CCMH. In brief, some of the related considerations are noted here.

Statutorily-related Considerations

P.C.1197—Resource Mapping of Funding Sources: This law gives TCCY the responsibility to oversee "resource mapping" of all federal and state funding of comprehensive services for children, birth through transition to adulthood. The term "resource mapping" refers to creating an inventory of state and federal funds, their uses, target populations, geographical distribution and agency auspices. The law requires a preliminary report in February 2009 and annual reports to the Legislature thereafter. Resource mapping is a daunting task. It requires creation of mechanisms to reconcile service definitions, age ranges, integration of differing management and financial reporting systems among state agencies, and staff capacity to do the work. TCCY leadership undertook this set of challenges by enlisting the ranking financial officers and program staff of the child-serving departments, the TennCare Bureau, representatives of the Comptroller, Legislative Budget Office, Administrative Office of the

Courts, GOCCC, TAMHO and others. The TCCY Executive Director has lead the agenda and TCCY staff have supported Resource Mapping meetings and activities, in addition to a multitude of other duties.

Relevance to P.C. 1062: One requirement of the P.C. 1062 is to create a "financial map" for services and supports in systems of care. Representatives from the CCMH are working in sync with the Resource Mapping Advisory Group, as noted in the CCMH Funding Workgroup summary and report, in order to avoid duplication, assure consistency in results, and achieve economy of effort.

T.C.A. 37-5-607—Multi-level Response System (MRS) Advisory Boards: This section of T.C.A. 37-5-601, which establishes provisions for a multi-level response system to safeguard families, prevent harm to children and strengthen families, defines the composition and functions of independent local advisory boards, referred to as Community Advisory Boards (CABs). Under the law, when possible harm to children is reported, there are four levels of intervention in the MRS: (1) Investigation of the circumstances; (2) Assessment of the child and family's need for services; (3) Referral to services immediately without assessment or investigation; (4) Initial assessment with a determination that no further action is required. Responses are based on risk to the child and, at the same time, on the assumption that most children are better off in their own homes than not. Guided by a state level advisory committee of leadership from state departments, TCCY, and other public and private agencies selected by the Commissioner of DCS, Community Advisory Boards have been implemented in most regions across the state and will be implemented in all by the end of 2009.

Relevance to P.C. 1062: CABs were defined with SOC principles in mind. They are composed of community representatives of schools, health departments and other health care and mental health providers, juvenile courts and law enforcement, families and others. They are to recommend strategies for coordination and development of community-based resources that may be needed by families. CABs have the authority to review individual cases so long as confidentiality is protected. It is incumbent upon the CCMH to stay abreast of the successes and challenges to the effective functioning of the CABs as they can inform and influence the development of initial and subsequent cites for P.C. 1062 SOC locations. Notably, the CAB in Maury County also serves as the Muletown Family Network System of Care grant local coordinating group.

T.C.A. 37-5-121—Juvenile Justice EBP: This law provides definitions for Evidence-based, Research-based and Theory-based practices and requires implementation of sound practices in all juvenile justice prevention, treatment and support programs, with the goal of identifying and expanding the number and type of EBPs in the Juvenile Justice service delivery system. Implementation is staggered: 25% of JJ funds are to support EBP programs by FY 2010; 50% by FY 2011; 75% by FY 2012; and 100% by FY2013. The law permits pilot programs which are eligible for funding to determine if evidence supports continued funding. DCS has made tremendous strides in meeting requirements of the law.

Relevance to P.C. 1062: No matter how strong the infrastructure of a SOC to improve access to and coordination of services, that alone is not sufficient to achieve desired clinical outcomes. EBPs are essential for improved outcomes for children. Implementation and expansion of use of EBPs are fundamental to the design of statewide system of care. The work on Juvenile Justice EBPs has provided a foundation and guidance for the work of the CCMH Evidence-Based Services Workgroup.

T.C.A 37-1-128—Juvenile Court Commitment Orders (JCCO) Attorney General's Opinion: An issue about JCCO evaluations was brought before the Council. Under previously issued Attorney General opinions, DMHDD paid for outpatient and inpatient evaluations for youth with charges that would be a felony if the youth were an adult. If charged with a misdemeanor, payment for evaluations would be from the county. In 2001, Knox County and other counties ordered inpatient forensic evaluations of a number of youth charged with misdemeanors. When billed, some counties paid; Knox County refused to pay. Suit was filed by the Attorney General for payment. At trial, the court confirmed the responsibility of the county to pay for misdemeanor evaluations. Knox County appealed the decision.

The Court of Appeals issued a ruling in June 2008 that payment for all evaluations is the responsibility of the county or parent regardless of severity of the crime. Relying on other statutory provisions, the Attorney General determined DMHDD has authority to pay for outpatient evaluations. DMHDD sent letters to all juvenile courts when the ruling became final, 60 days after publication, and DMHDD ceased paying for new inpatient evaluations. The ruling did not alter the ability of the Juvenile Court to order evaluations, only the responsibility for payment. This is a complicated situation because it mixes need for mental health evaluation with need for safety and placement with payment issues.

Relevance to P.C. 1062: SOC principles promote early intervention, community-based supports and reduced reliance on inpatient services. For some time DMHDD has advocated use of outpatient evaluations as the first resort, unless there is clear and compelling clinical indication of need for inpatient evaluation. The immediate concern, however, is that the staggering reduction in inpatient forensic evaluations since the finding, with no concomitant increase in outpatient evaluations, suggests some youth are not getting the services they need. This was one factor that led to formation of a CCMH Workgroup focused on JCCO issues and opportunities to improve the system.

Administrative and Organizational Initiatives

Youth Councils: There are numerous youth councils and advisory groups across the state:

- Tennessee Voices for Children (TVC) currently sponsors three Youth in Action (YIA) Councils and will develop a fourth in Memphis within the next year. Two YIA Councils are connected with SAMHSA System of Care sites in Tennessee. YIA Councils are comprised of youth with mental health diagnoses or youth with diagnosed siblings. Their goal is to erase the stigma about mental illness through educational outreach to peers and professionals, active participation in community events, and effective leadership on advisory groups and councils.
- DCS has regional Youth 4 Youth groups comprised of youth who are or have been in foster care. These youth lend their voice and experience to DCS to ensure the system is aware of the needs and concerns of youth in custody. Many residential facilities also have youth representation on their boards to provide youth voice in decisions regarding the facility program and resident concerns.
- The Tennessee Alliance for Children and Families (TACF) is spearheading a statewide initiative to bring youth from the various councils across the state to form a state level council to provide youth voice and choice to legislators and state departments on the issues that concern them most. The Statewide Youth Council will be comprised of representatives from thirteen regions who will meet quarterly to address the needs of youth and communicate youth issues to policymakers.

Relevance to P.C. 1062: Youth are to be represented on the CCMH. It is anticipated that at least two of the youth representatives on the statewide council described above will participate in the CCMH, which will clearly bolster the work of the Council. Schedules have been barriers to youth participation in Council meetings to date, so alternatives to achieve youth input have been surveys of the sort used to inform this Report.

The Statewide Family Support Network (SFSN): Operated by TVC with both state (TDMHDD) and federal (small CMHS grant) funds, the SFSN provides a unique and critical service to families of children and youth with emotional and behavioral disorders. Parent professionals provide support, advocacy, training and information to parents, advocates, and professionals in all 95 counties. At least one Parent Advocate or Outreach Specialist is located in each grand region of the state. Hired for their experience with the system for their own children and trained to assist other parents in similar situations, SFSN staff offer individual consultation and support, assistance in system navigation to identify and obtain services, training on a variety of mental health topics, and facilitation of effective relationships between parents and providers. Staff participate in over 148 councils, advisory groups, and policymaking committees each year, ensuring that there is parent/family voice involved in decisions about services for children. They offer training for other parents to help them understand how the system works and how to be involved at all levels. SFSN staff have been integrally involved in each of

the SOC sites funded in Tennessee as family representatives and trainers. The SFSN served approximately 80,000 parents and professionals in FY 08.

Relevance to P.C. 1062: Parent voice is critical in transforming the system, and parent representation is required on the CCMH. The SFSN provides parents with information and skills necessary to be effective on the CCMH and other local, state, and national policymaking groups.

Tennessee Adolescent Coordination of Treatment (T-ACT): This grant, administered in the GOCCC and funded by SAMHSA Center for Substance Abuse Treatment, has met and exceeded its purpose to develop an infrastructure to promote services that are accessible, high quality and effective for adolescents with substance abuse problems and their families. It has had a high level of involvement and support from its Project Advisory Board. Recent products of the grant include definition of a comprehensive array of services, achieved through consensus among state agencies, COEs, other providers and other key informants; a matrix of EBP screening and assessment tools; an inventory and schematic of numerous planning and advisory functions focused on children/youth with substance abuse issues; and creation of a substance abuse learning module for TVC's Parent Advocacy Training Program.

Relevance to P.C. 1062: Some of the products and processes, particularly the comprehensive array of services and the matrix of EPB screening and assessment tools, are springboards for CCMH Workgroup consideration. In addition, the Collaborative on Funding and Administration of Substance Abuse Services for Children/Youth and Their Families, completed in November 2008 in support of T-ACT objectives, paved new paths for collaboration and defined mechanisms to achieve financial mapping for substance abuse services, a sub-set of financial mapping requirements of P.C. 1062 and P.C. 1197.

Centers of Excellence for Children in State Custody (COEs) Learning Collaborative: The Tennessee Child Maltreatment Best Practices Project was designed to advance the implementation of Best Practices in treatment of child maltreatment and attachment problems by mental health treatment providers across the state. The focus of the current COE Learning Collaborative is Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Leadership for the project is a collaborative effort of the statewide network of COEs and other members of the Planning Committee of the Child Maltreatment Best Practices Task Force, specifically the Executive Director of the Tennessee Chapter of Children's Advocacy Centers and the Director of Public Policy for Tennessee Association of Mental Health Agencies (TAMHO). The full task force is comprised of providers and advocates with expertise in and/or commitment to evidence-informed treatment in child abuse and neglect, including Children's Advocacy Centers, TAMHO, Family and Children's Services, DCS, TVC, TCCY, Division of Juvenile Justice, DMHDD, and Tennessee Center on Child Welfare. The Planning Committee includes representatives from the COEs, Children's Advocacy Centers, and TAMHO. The Collaborative has successfully spread across the state and is actively working in West, Middle and East Tennessee, with one hundred and sixty-two mental health practitioners/supervisors and thirty-two agencies participating. Five hundred and ninety-two cases are currently using TF-CBT.

Relevance to P.C. 1062: The COEs provide unique, essential services for the State, primarily that of laying the ground work of translating science into services, which the CCMH must consider as it moves forward. In taking on consultative roles for the most difficult cases and direct provision of some services, the COEs' decision to master and implement an EBP among similar provider types for one of the most frequently occurring conditions in children in custody—trauma—has created a Tennessee model for community-based, parent-involved services with fidelity to the model. This sets a standard for successful replication, which the CCMH expects not only in the service domain but in other aspects of SOC design and implementation.

Centers of Excellence for Children in State Custody (COE) Child and Adolescent Needs and Strengths (CANS) The COEs worked with DCS to support state-wide implementation of a standardized assessment and service planning process using the CANS. The CANS was chosen by DCS as the assessment tool that best exemplifies strength-based, culturally responsive and family focused casework. The CANS was originally developed as a tool for mental health services and was subsequently adapted for child welfare, juvenile justice, mental retardation services and a variety of other social service settings. The CANS provides a communication basis for understanding permanency and treatment needs of youth and their families, allowing for informed decisions about care and services. The CANS consists of about 65 items used to evaluate how DCS and its partners should act in the best interests of children and families. Each item is discrete and relates directly to the child and/ or families' needs and strengths.

The COEs have consultants assigned to DCS regional offices to provide training, consultation and third-party review of CANS assessments. Ninety-five percent of all children entering custody now receive a CANS and the COEs have trained over 4,000 child welfare workers to reliably administer the instrument.

Relevance to P.C. 1062: The CANS project represents successful statewide implementation of a strengths-based service planning tool consistent with the goals of a system of care. The CANS helps to create a common language to communicate a child's needs and strengths across systems. Additionally, the CANS provides data necessary for individualized, child-centered treatment plans, which can be translated in the aggregate to evaluate system performance and child and family outcomes.

School-Based Mental Health Services: Providing mental health services in school settings has been shown to be effective in addressing children's/youths' needs and enhancing continuity of services. Education, the one constant in every child's life, offers an opportune setting for case management, group and individual therapy, and behavioral support for child, parent, and teacher. The State has three good examples of school-based mental health services: (1) Centerstone Mental Health Center received national recognition for its School-Based Therapist program which operates throughout Middle Tennessee, offering both case management and therapy to students in middle and high schools onsite and behavioral supports for teachers in the classroom. (2) Through federal Safe Schools Healthy Students grants, select school systems in each of the three grand regions have shown that providing mental health support and services at school have positive impacts on academic achievement, behavior in and out of school, and clinical functioning. Project Class in the Shelby County School system has utilized Mental Health Consultants in this capacity for several years, and has successfully engaged school staff and parents in multiple evidence-based proven effective resources and programs for helping children with social, emotional and behavioral health needs. Nearly half the students served have been TennCare eligible. (3) A third school-based program found to be effective in the first federal SOC site is being piloted on a limited basis by TDMHDD across the state. In the pilots, Mental Health Liaisons hired by community mental health centers serve at risk children/youth in middle school and act as links between school and home to improve behaviors, academic performance and overall functioning.

Relevance to P.C. 1062: As education is the one system involving all children and youth, school-based mental health services are a vital part of a coordinated SOC for prevention, early identification, intervention and transition services.

Coordinated School Health (CSH): Tennessee school children and staff benefitted significantly from the expansion of CSH statewide in FY 08. Because the CSH approach emphasizes serving the needs of the "whole" child, school staff are now coordinating efforts to address physical and also social, emotional and behavioral health needs of all students. As a result of CSH school health screenings, 104,532 students who may not have otherwise been referred to care were referred to a doctor, predominantly for Body Mass Index (BMI), vision and dental care during the 2007-2008 school year.

Another trend occurring in schools as a result of having CSH Coordinators is growth in the number of school-based clinics providing both physical as well as mental health services for students and staff.

Relevance to P.C. 1062: The CSH approach strongly encourages building community partnerships to more effectively meet the health needs of students. The process of building partnerships is creating a more positive climate for system of care to be adopted once the CCMH develops implementation guidelines.

Schools and Mental Health Systems Integration Grant: The DOE Office of Coordinated School Health received an 18 month grant from the U.S. Office of Education to develop school policy, protocols, training and linkages with community mental health providers regarding prevention, identification, referral and follow-up of students needing mental health services. Teams from each LEA will receive training and technical assistance to create a more seamless system of care among schools, mental health providers and juvenile justice staff.

Relevance to P.C. 1062: Coordination and collaboration among different child-serving systems developed through the Schools and MH Systems Integration Grant is a building block in the foundation of the more expansive expectation for systems of care called for in P.C. 1062. It is yet another springboard for effective, efficient communication and utilization of resources.

There may be other notable activities occurring in the State that are relevant to P.C. 1062 which have not been included in this Report. The CCMH welcomes notice of other functions and activities for inclusion in future CCMH deliberations.

SUMMARY

The Council on Children's Mental Health is pleased to report the accomplishments that are noted throughout this February 2009 Report to the Legislature. The CCMH is prepared to move ahead in design of systems of care statewide that are qualitative, quantitative and functional. It is also prepared to move forward to overcome challenges. It must be stated that the serious fiscal constraints of the nation and State create significant barriers to improved mental health systems for children. Transforming systems does not always require additional resources, but resources to bridge system reform do help. At the same time, the CCMH acknowledges fiscal constraints prompt more efficient use of existing resources and more collaborative communication and service provision to assure the focal point of the system is visible and clear: children and their families.

February Report Document Group 1

WORKGROUP REPORTS

COUNCIL ON CHILDREN'S MENTAL HEALTH

ACCOUNTABILITY/MANAGEMENT INFORMATION SYSTEMS WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose and Objectives

In this first phase of work, the key objectives were defined in August, 2008 as:

1. Define proposed key indicators – engage full Council to develop in October meeting
2. Define business rules to deliver key indicators
3. Define options and implications for implementation
   a. Information system needed
   b. Policies
   c. Workforce development

Workgroup Process:

The Workgroup conducted three full group conference calls and numerous individual discussions with targeted experts from August – December, 2008. The sequence of the calls and process was as follows:

August, 2008 Conference Call:

- Reviewed work from the Accountability workgroup as part of the SJR 799 process to ensure continuity on work previously completed.
- Agreed to look at a variety of outcome measurement systems to distill the target outcome measurements as the workgroup output.
- Identified a variety of possible sources to review.

Prep work for September Conference Call:

- Distributed and reviewed a variety of SOC outcome measurement systems and indicators used within Tennessee and other states
  - *National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program*
  - *Wraparound Fidelity Assessment System (1) Wraparound Fidelity Index and (2) Team Observation Measures developed at the University of Washington.*
  - *Muletown Family Network proposed outcome indicators*
  - *Nashville Connections outcome indicators*
  - *JustCare Family Network proposed outcome indicators*
  - *Available data from Juvenile Courts around Tennessee (supplied by TCCY)*
  - *National Information/presentation from the The Fifth National Wraparound Initiative Advisors Meeting*
  - *Promising Practices in Behavioral Health Quality Improvement: Summary of Key Findings and Lessons Learned, Center for Health Policy and Research, UMass Medical School, 2007*
  - *The MHSIP Quality Report: The Next Generation of Mental Health Center for Mental Health Services, Mental Health Statistics Improvement Program, May 2005.*

September, 2008 Conference Call:

- Developed "Guiding Principles" for design of statewide indicators
- Reviewed various sources and developed initial draft of possible outcome indicators based on adjustments to Muletown outcome indicators
- Discussed feasibility of outcome indicator measurement systems and their impact on proposed outcome indicators
- Identified need for entire Council to review potential measurement systems to assess feasibility of potential outcome indicators as measurement system

Preparation work for October Conference Call:

- Attendance of overview of CANS assessment system to inform feasibility of outcome indicator design

October Conference Call:

- Reviewed information about CANS assessment system to inform feasibility of outcome indicators
- Develop First Draft of Outcome Indicators

Presented workgroup report to full Council and secured guidance in October, 2008

- Received direction to ensure that outcome indicators are aligned with national CMHC evaluation
- Catalyzed group decision to have full Council review primary candidates for statewide assessment systems – CANS and TOMS – at December council meeting

November, 2008 – Preparation for December conference call:

- Committee members met with other team members in their department and gathered additional input and suggestions on Outcome Indicator draft. *Contributors* at this phase included:
  - *DCS*
  - *DOE*
  - *Vanderbilt University*
  - *TAMHO*
- Muletown evaluation team reviewed Outcome Indicator draft to calibrate indicators with national CMHC evaluation

December Conference Call:

- Committee members incorporated all input into Final Draft of Outcome Indicators for presentation to full Council members

December Full Council Meeting:

- Presented Final Draft of Outcome Indicators to full Council members and secured department liaisons and agreement to distribute to other departments for final input

December, 2008:

- Distributed Final Draft of Outcome Indicators to department liaison
- Received final input from departments, including possible data sources for future consideration

January, 2009:

- Finalized Draft of Target Outcome Indicators

Next Steps:

Although the workgroup fully delivered on its first proposed objective–to develop a draft of outcome indicators with a broad base of input and buy-in–it was not able to deliver on its other proposed objectives during this timeframe.

It is recommended that further work in this area focuses on completion of the original workgroup objectives, as follows:

1. Define business rules to deliver key outcome indicators
2. Define options and implication for implementation
   d. Information system needed
   e. Policies
   f. Workforce development

In addition, the group identified the future need for a set of system-level accountability indicators. These must correspond to the eventual policies and procedures agreed upon to govern the overall provider, funding and delivery systems. It is assumed these will be developed based on the assessment of barriers being conducted in January, 2009 among system stakeholders.

Attachment 1. Final Draft—Outcome Indicators
Attachment 2. System Accountability Structure (developed during SJR 799 and carried forward as recommendation for P.C. 1062 utilization)

Participants:
Traci Sampson, Consilience Group, LLC, Co-chair
Pam Brown, TCCY, Co-chair
Emel Eff, TCCY
Mary Beth Franklyn, DCS
Nneka Gordon, Comptroller of the Treasury
Petrina Jones-Jesz, DCS
Craig Ann Heflinger, Peabody College, Vanderbilt University
Sheila Keith, Blue Cross Blue Shield Tennessee
Marlin Medlin, Quinco Mental Health Center
Cindy Perry, Select Committee on Children and Youth
Mary Rolando, GOCCC
James Schut, Centerstone Research Institute
Stephen Sparks, DOE

Accountability Attachment 1

Accountability/Management Information Systems Workgroup
Proposed Outcome Indicators

Guiding Principles

- Indicators will be based in reality and easy to convey to others.
- Indicators must be feasible to measure.
- There must be several levels of accountability local, state, and possibly regional or county level.
- Family perspective is an imperative.

For Children, Youth, and Young Adults		
Outcomes	**Indicators**	**Measurement Tools**
1. Increased functioning in the community	1. Increased participation in social activities 2. Improved peer relationships 3. Improved quality of life 4. Increased resiliency, assets	CBCL CANS Other normed instruments?
2. Increased functioning in schools	1. Increased school attendance 2. Improved school performance (e.g., improved test scores and grade point average) 3. Decreased truancy, unruly, and parental relinquishment petitions from the school system 4. Reduced suspensions and expulsions. 5. Reduced dropout and improved promotion rates 6. Meeting NCLB benchmarks, making necessary adequate yearly progress.	Grades, disciplinary reports, test scores
3. Improved behavior	1. Reduced conduct problems (e.g., bullying)	Disciplinary reports from school
4. Reduced substance use/abuse	1. Decreased use or cessation of tobacco, alcohol, marijuana, other illegal drug use, or prescription drug abuse.	Education questionnaire
5. Reduced law enforcement and juvenile justice involvement	1. Decreased contact with law enforcement (e.g., arrests) 2. Decreased court appearances, convictions, and probation 3. Reduced delinquent behavior (e.g., violent crimes, property crimes, and other behaviors)	Probation officer report, parent report

6. Increased stability of living situations	1. Increased percentage of children living at home 2. Decreased number of moves between households 3. Reduced out-of-home placements 4. Successful increase in reunifications	DCS Tracking System
7. Appropriate and least restrictive services and placements	1. Increased number of youth placed in appropriate levels of care 2. Reduced number of trips to the emergency room	CANS Other normed instruments?

For Families		
Outcomes	Indicators	Measurement Tools
1. Increased family functioning	1. Improved family communication 2. Improved family management	Pre and post intervention questionnaire, Caregiver Strain Questionnaire
2. Decreased caregiver strain	1. Reduced objective strain (e.g., impact on time, finances) 2. Reduced subjective strain (e.g., worry, internal stress)	Caregiver Strain Questionnaire; Parent Stress Index
3. Family satisfaction	1. Caregivers and youth satisfied with overall quality of services 2. Caregivers and youth satisfied with aspects of service delivery (individualization, input on decision-making, cultural competency, etc.) 3. Caregivers and youth engaged in educational planning and decision making.	Targeted questionnaire TOMS
4. Increased empowerment	1. Improved self-efficacy 2. Increased reliance on natural supports 3. Increased hopefulness	Pre and post intervention questionnaire
5. Experienced high quality wraparound (process)	1. Selected self-report indicators (e.g., family selection of team members, other National Wraparound Initiative indicators) 2. Program record indicators	Wraparound Initiative Fidelity Index (WIFI) – only if using High Fidelity Wraparound as the service model

For Service System		
Outcomes	Indicators	Measurement Tools
1. Achieve and sustain fidelity to the Wraparound Model.	1. Selected indicators from National Wraparound Initiative	Wraparound Initiative Fidelity Index (WIFI) – only if using High Fidelity Wraparound as the service model
2. Increased collaboration and service integration.	1. Identifiable resources contributed by state and local agencies 2. Assessment of progressions from networking and cooperation to collaboration and services integration	Participant list from Child and Family Team meetings
3. System will provide a full array of formal services with timely access that incorporates natural supports	1. Network adequacy standards are met. 2. Utilization of Family Support Specialists	
4. All services are provided within the structure of being culturally and linguistically appropriate and competent	1. Caregivers and youth satisfied with cultural competency of services	
2. Each community maintains a self sustaining governance structure, assuring commitment and adherence to the principles of coordination of systems of care	1. Agreed upon Governance structure reflective of interagency participation and responsibilities	

Accountability Workgroup Attachment 2

Accountability Structure

State Level Entity:
Comprised of all child and family-serving agencies (policy leaders)

<u>Accountability</u>:
- Ensure high quality services
  - Respond to needs and recommendations for state reform:
    - Funding availability
    - Reimbursement/Admin policy
  - Monitor and hold funded providers accountable to individual agency measures and shared measures
- Maximize revenues

Region, County, or Municipal Level Entity:
Comprised of all child and family-serving public agencies and private stakeholders (TBD)

<u>Accountability</u>:
- Identify resource needs of larger area (roll-up of community-level plans)
- Monitor fulfillment of service plans
- Identify barriers to service
- Develop needs assessment and recommendations for local and state resources

Localized Community-Level Entity (possibly municipal area, neighborhood, zip code, etc):
Comprised of local community stakeholders

<u>Accountability</u>:
- Identify resource needs of local area
- Monitor fulfillment of service plans
- Identify barriers to service
- Develop needs assessment and recommendations for local and state

Direct Service Providers (<u>full</u> services array)

Youth and Family Assessors/ Facilitators/ Referrers

Youth and Families

<u>Shared Accountability</u> (with specific standards for each role):
- Fulfillment of service plan

<u>Accountability for Quality of Individual Service delivered:</u>
- Accessibility
- Outcomes (including client feedback)

FUNDING WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose: To assist the Council on Children's Mental Health (CCMH) in developing a financial resource map and cost analysis of all federal and state funded programs for children's mental health system of care.

Objectives:
- Updated financial resource map and cost analysis of all federal and state funded programs for children's mental health annually
- Set out requirements for the financial resource map and cost analysis
- Encourage matching federal funds.
- Stimulate more effective use of resources
- Identify amount spent on mental health services

Funding Workgroup process:
Public Chapter 1197 (2008) also requires the development of a Tennessee children's resource map of services and programs across state agencies and systems, including their funding source, target population, performance measures, and intended outcomes. Additionally, this resource map is required to include all federal and state funding streams that support the health, safety, permanence, growth, development and education of Tennessee's children from conception to the age of majority.

In order to reduce duplication of efforts, the Funding Workgroup Co-chairs participated in the Resource Mapping Advisory Group because analysis of the two public chapters showed apparent overlap between the purposes of these two entities. The mapping activities for Public Chapter 1197 will be extremely useful to the Council and will provide a mechanism for the ongoing compilation of budget information from all the child serving state agencies.

To date, the Service List Workgroup of the Resource Mapping Advisory Group has identified a common, broad list of services provided by the child serving agencies. This list was reviewed earlier by the funding workgroup for SJR 799 to assess completeness and to preliminarily identify funding streams for various levels of care. This preliminary mapping enabled the workgroup to discern the extent to which more formal information was needed and to preliminarily identify the kind of template they wanted to create to publish and distribute the information. This template for mapping the information has been shared with the Council on Children's Mental Health Chairs and Resource Mapping Advisory Group for Public Chapter 1197. This preliminary list of services will further ease compilation of the amount of funds (actual and estimated) Tennessee allocates for mental health services.

Additionally, the workgroup has begun collecting information on systems of care funding for other states. The Public Chapter 1197 Resource Mapping Advisory Group has reviewed reports from New Mexico that present their funding for services for children. This information should assist the Funding Workgroup in identifying ways to use the data and to affect the system as well.

Results/recommendations of the Workgroup:
The workgroup intends to make formal recommendations for the funding of a system of care that will include consideration of blended, braided or pooled funding. The workgroup will assess any benefits that could come from such changes to the funding streams that would promote and maximize available resources and plan resource allocation in the most effective manner. Additionally, the workgroup will promote the development of a funding or resource map that will inform the service planning processes within the state.

Next steps:

The Funding Workgroup will continue to monitor and participate in the Public Chapter 1197 Resource Mapping Advisory Group and related activities that promote the objectives of the Council as well. The focus of this group's next steps will be to identify strategies for mapping the state's resources in a way that will enable the Workgroup to meet its purpose and objectives as well as the mandates of the Council.

In further support of the purpose of the Funding Workgroup, TDMHDD will host a two day training for the Council by a national expert in strategic financing for systems of care to be held April 23-24, 2009. This national expert works closely with states in designing financing strategies to support more integrated service delivery for children with serious emotional disorders and their families and the Council will benefit greatly from this training.

Participants:

Mary Linden-Salter, AmeriChoice, Co-chair
Nneka Gordon, Comptroller of the Treasury, Co-chair
Sumita Banerjee, TCCY
Louise Barnes, DMHDD
Vickie Harden, Volunteer Behavioral Health Care System
Dustin Keller, Tennessee Lives Count
Susan Steckel, DMHDD

INTERAGENCY COLLABORATION WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose/Objectives

The Interagency Collaboration Workgroup (ICW) was created for the purpose of identifying and exploring a more comprehensive and coordinated system to address the individualized mental health needs of children and their families.

Workgroup Process/Activities

Initial study tasks included convening participants from a broad range of state and county and from public and private agencies, service providers, child advocates, and family members to develop a list of critical areas of need to develop a comprehensive and strategic plan for a coordinated system of care. Once established, the workgroup agreed the concept and philosophy of a "system of care" provided a guide and framework for system reform in children's mental health. Questions addressed included:

- What kind of system reform is needed for children's mental health care in Tennessee?
- How do we achieve system reform in children's mental health?
- What kind of structure is needed to support a statewide system of care approach?
- How do we motivate partnership and interagency collaboration?

The workgroup reviewed the core values of the system of care philosophy, which specify services be community based, child-centered, family-focused and culturally competent. The members also reviewed the current TCA Title 33 provisions that include system of care guiding principles of what services should be. The ICW holds to these same principles and incorporated them into its development of a coordinated system of mental health care for children ages birth to 24 and their families. Reference Interagency Collaboration Workgroup Attachment 1, Vision Statement, which articulates the integration of overarching criteria for systems of care in Tennessee.

The Interagency Collaboration Workgroup reviewed other state examples of reform and policy legislation and heard other presentations regarding current interagency agreements in Tennessee.

In November of 2007, a summit meeting was held to re-engage all interested parties already involved or wished to be involved in the SJR 799 study. The summit provided an opportunity to further review and refine the existing work product of the ICW. Following the summit meeting, the ICW reconvened to discuss the summit results and incorporated the suggestions into the final work product.

In 2008, legislation established the Council on Children's Mental Health for continuing the development of a system of children's mental health care. The ICW continues its work to address interagency coordination and collaboration in delivering and accessing mental health care.

Through much study, the ICW has included a review of the current barriers toward a comprehensive, coordinated and collaborative system of mental health care for children.

Review of Current Barriers

In the current services environment, there is no single entity with legitimate or mandated authority to ensure or enforce a comprehensive, collaborative and coordinated system of service delivery to meet the needs of children with mental health/behavioral health needs of children, adolescents and young adults. In addition, there is no single entity to hold key stakeholders or providers of services accountable for interagency or interdepartmental

cooperation to develop a viable system of care in each county, or among a group of contiguous counties.

Access to quality mental health services were consistently raised across the state, but more specifically a larger problem in rural areas attributing to an unequal distribution of resources.

There appear to be language barriers and cultural mandates of agencies or department that interfere with better cooperation and coordination of services. These issues affect roles and responsibilities and prohibit the development of a system of care culture.

A multitude of funding challenges exist that point to the need to identify funding streams, sources of funds, services that are funded and how those same dollars could be better spent by blending or braiding funding. There is the need for dedicated and consistent funding for maintaining coordination and consistency in service delivery.

There appears to be a need for an integrated data management system structured to inform case-specific management processes, identify resource allocations, and enhance information sharing to establish formal linkages for providing services and improving outcomes for children with mental health needs.

Ensure the work of the Council on Children's Mental Health and the Council workgroups is widely disseminated to expand awareness of the challenges in children's mental health.

Next Steps

Recommendations for Action:

1. There is a critical need for a state infrastructure for oversight and accountability of a comprehensive, coordinated system of care to address the mental and behavioral health services to meet the needs of children ages 0-24. This entity would hold the responsibility to develop and maintain a system of care that provides a comprehensive array of services and supports, and holds state departments, state agencies and other public and private service providers accountable in the collaboration and coordination of services and supports needed to exact the goals and purposes of a mental health system of care.

2. The same need is critical for a structure at the regional level to integrate service providers. Such existing entities need to be identified and explored to provide coordination among agencies and assist in pulling services together, identifying gaps in services, coordinating services, and to build on the existing regional resource linkages to ensure all partners coordinate services.

3. The same need is critical for replication at the community level creating a structure or entity representing the child and family interest.

4. There is a critical need to provide incentives to attract quality service providers to the rural areas. A model program like the University Consortium for Masters Certification may improve this particular gap in services and provide incentives to increase the work force in those areas.

5. There is a critical need to reference System of Care practices and principles in statutes for each state department as currently exists in TCA Title 33, Chapter 2, Department of Mental Health and Developmental Disabilities. This common language serves as a uniform guide for understanding and implementing best practice principles for a coordinated system of care.

6. There is a critical need to track the funding sources and improve service delivery by blending or braiding funding or creating local and regional collaboratives, thus sharing in providing existing service and recognizing gaps where monies are better spent. Explore other funding strategies such

as 1915-C alternative funds for children at risk of residential care, thus reducing expenditures for residential treatment and using the monies for alternative evidence-based interventions.

7. Create an integrated data system for interface between departments or entities for coordinated case management, resource allocation and outcome evaluation.

8. There is a critical need to continue the work of the Council on Children's Mental Health and to move forward in planning for developing a comprehensive system for children's mental health care.

9. There is a critical need to develop information sharing and training strategies to further the education of legislators, key stakeholders, providers, etc. regarding the need to improve the state's system for children's mental health care; utilize a variety of venues for presenting the current barriers and strategies for reform; continue town hall meetings for follow-up and up-date of the current work of the Council on Children's Mental Health; and include presentations on currently funded Systems of Care operating in Tennessee.

Participants:

Pat Wade, TCCY, Co-Chair
John Page, Centerstone
Jo Bruce, Family Resource Center
Charlotte Bryson, TVC
Tiffany Cheuvront, Tennessee Alliance for Children and Families
Linda Copas, DOE
Michelle Covington, Centerstone
Rhonda Ewing, TVC
Deborah Gatlin, MD, DCS
Nneka Gordon, Comptroller of the Treasury
Kathy Gracey, VU CMHC
Veronica Gunn, M.D., DOE
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Michael Myszka, TennCare
Michael Lefkowitz, DHS
Cindy Perry, Select Committee on Children and Youth
Sue Pilson, Tennessee CSA
Mary Rolando, GOCCC
Servella Terry, Community Partnerships & Support Services
Linda Tift, Parent and Grandparent
Kristie Wilder, Intern, Comptroller
Lygia Williams, DMHDD
Christina Kloker Young, Creative Planning Systems

Interagency Collaboration Attachment 1

SJR 799 VISION STATEMENT

The following Vision Statement was a product of SJR 799 and it subsequently carried over as a foundation for the CCMH:

Tennessee will deliver a comprehensive, coordinated system of mental and behavior health services to meet the needs of children ages 0-21. Children and families will be viewed as customers and experience community-based services that are tailored to meet their unique needs, are family centered and family driven. These services will be data-informed, based on promising and proven practices. This system will leverage the resources of all public, private and nonprofit mental and behavior healthcare providers, supported across systems through finances, data and mutual accountability. In order to accomplish this vision, there will be one single entity with the infrastructure in place to support coordination, early identification, evidence-based practice and enforce accountability among all partners in the system.

Principles of service:

1. Children with emotional and behavioral health disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.

2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.

3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.

4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.

5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.

6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.

7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.

8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.

9. The rights of children with emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.

10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics; and services should be sensitive and responsive to cultural differences and special needs.

Interagency Collaboration Attachment 2

Framework: Moving from Collaboration to Services Integration

What is Collaboration?
- Definition: To work together, especially in a joint effort;
- Related terms: communicating, networking, coordinating, cooperating;
- Will have some duplication and inefficiencies in services;
- Collaboration is only as good as the working relationships between the agencies;
- Low toleration for conflict.

What is Services Integration?
- Definition: Process by which two or more entities establish more formal linkages for purpose of providing services and improving outcomes for a target population with related needs;
- Builds on strengths of each organization to avoid fragmentation, inefficiency, gaps in services, as well as duplication;
- More formal linkages increase commitment to work together and increases tolerance of conflict.

Benefits of Services Integration;
- Ability to address needs of clients with multiple problems in comprehensive manner;
- Greater service accessibility and continuity;
- Early identification, intervention and prevention;
- Reduced duplication;
- Reduced waste and inefficiency.

Levels on Which Collaboration/ Services Integration Occur—Example: The System of Care for Maury County
- State level: TDMHDD, DCS, DOE, DOH;
- County level: Community Advisory Board (CAB), Steering Committee, South Central DCS, Maury County Juvenile Court, Maury County Schools, Maury County Health Department, mental health providers, substance abuse providers, other service providers;
- Agency/staff level: MTFN Project Director, Supervisors, Family Support Providers, Community Liaisons, other MTFN staff.

Moving from Collaboration to Services Integration:
- Identify partners;
- Set goals;
- Plan governance and authority;
- Define service model and way partners interact;
- Plan financing/budgeting;
- Consider licensing and contracting issues;
- Define outcomes and accountability;
- Plan information systems and data management.

SERVICE ARRAY WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose/Objectives:
The purpose of the Service Array Workgroup is to identify a comprehensive array of services that address physical, emotional, social, and educational needs of children and determine the services and supports currently available and those needed to implement systems of care statewide.

Workgroup Process/Activities:
As a part of SJR 799, the Service Array Workgroup developed a litany of clinical mental health and other services and supports that are important to address needs of children/youth and their families in SOCs. A fundamental criterion emerged as a guiding principle: Children need a comprehensive array of services that address physical, emotional, social, and educational needs. All services will reflect the core values of the System of Care: child/youth centered, family driven, community based, culturally and linguistically competent.

Next Steps:
The Workgroup recommends as the work of the Council goes forward, the comprehensive service array can be further developed to include consensus descriptions of the services in the listing on the following pages, as well as delineating core and specialty services.

Participants:
Dustin Keller, Tennessee Lives Count, Co-Chair
Freida Hopkins Outlaw, DMHDD, Co-Chair
Susan Adams, Tennessee Community Service Agency
Mark Baldwin, Youth Town
Sumita Banerjee, TCCY
Richard Barbee, Private Practitioner
Kathy Benedetto, Frontier Health
Bonnie Beneke, TennesseeChild Advocacy Centers
Colleen Bohrer, Parent
Charlotte Bryson, TVC
Richard Edgar, DMHDD
Richard Gillespie, Taft Youth Development Center
Nneka Gordon, Comptroller of the Treasury
Carla Babb, Youth Villages
Raquel Hatter, Family and Children's Services
Richard Kennedy, TCCY
Nancy Reed, GOCCC
Mary Rolando, GOCCC
Theresa Shelton, Magellan Health Services
Millie Sweeney, TVC
Jude White, Renewal House
Ronald Wigley, Volunteer State Health Plan
Ellyn Wilbur, United Ways of Tennessee

Service Array Workgroup Attachment 1

COMPREHENSIVE ARRAY OF SERVICES

The comprehensive array of services identified during SJR 799 includes the following:

Mental Health Services
- Prevention
- Outpatient evaluation
- Psychological evaluation
- Psychiatric evaluation
- Outpatient individual, group and family therapy
- Specialized outpatient services for specific populations (i.e. dually diagnosed - MH/DD, MH/SA, traumatized youth, attachment issues, sexually abusive youth)
- Intensive Outpatient Programs
- School-based programs
- Early Intervention
- Case Management
- Transportation
- Partial Hospitalization
- Medical Drug Screen
- Home-Based Services
- Day Treatment
- Emergency Services
- Respite Care
- Therapeutic Foster Care
- Therapeutic Group Care
- Therapeutic Camp Services
- Independent Living Services
- Crisis Residential Services
- Inpatient Hospitalization
- Residential Treatment Services (short term)
- Aftercare

Substance Abuse Services
- Prevention Services (Universal, Selective, Indicated)
- Early Intervention
- Screening and Assessment
- Outpatient Services
- Day Treatment
- Detoxification
- Relapse Prevention
- Residential Treatment
- Intensive Outpatient
- Case Management
- Community Residential Treatment and Recovery Services
- Inpatient Hospitalization and Freestanding Inpatient

Educational Services
- Assessment and Planning
- Resource Rooms
- Self-Contained Special Education
- Specialized Schools
- Homebound Instruction
- Residential Schools
- Alternative Programs

Health Services
- Health Education and Prevention
- Screening and Assessment
- Primary Care
- Acute Care
- Long-term Care

Social Services
- Protective Services
- Financial Assistance
- Home Aid Services
- Respite Care
- Shelter Services
- Foster Care
- Long-term Care
- Adoption
- Aftercare

Recreational Services
- Relationships with Significant Others
- After School Programs
- Summer Camps
- Special Recreational Projects

Vocational Services
- Career Education
- Vocational Assessment
- Job Survival Skills Training
- Vocational Skills Training
- Work Experience
- Job Finding, Placement, and Retention Services
- Supported Employment

Operational Services
- Case Management and Case Coordination
- Juvenile Justice Services
- Family Support and Self-Help Groups
- Advocacy
- Transportation
- Legal Services
- Volunteer Programs
- Probation/Parole

Non-traditional Services
- Mentoring services
- Peer-to-Peer mentoring/learning
- Caregiver Skills training and education
- Faith-based Services
- Availability of Flexible Funds
- Family Resource Centers
- Team memberships (sports, YMCA, etc.)
- Provider/Parent engagement training
- System of Care training

CULTURAL AND LINGUISTIC COMPETENCY WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose: To assist the Council on Children's Mental Health (CCMH) in designing policies and procedures that are culturally and linguistically competent for a mental health system of care to serve children and families in Tennessee.

Objectives:

- Have services available for all who need them.
- Have provider services tailored to meet the needs of each family.
- Decrease stigma attached to mental health services.
- Enhance cultural/linguistic competence of service providers.
- Ensure cultural competency training is available for all service providers.
- Ensure adequate transportation is available for families to obtain needed services.
- Devise flexible appointment schedules, meeting places and accommodations for families.
- Establish culturally responsive ways to connect with families of color.
- Involve faith-based organizations in promoting cultural awareness emphasis on mental health.

Process:

The Cultural and Linguistic Competency Workgroup (CLCW) used several avenues to obtain information for CCMH:

- Held conference calls with workgroup members.
- Reviewed resource tools from other system of care programs and the National Center for Cultural Competence, Georgetown University Center for Child and Human Development. Materials included:
  - "Planning for Cultural and Linguistic Competency in a System of Care"
  - "Conceptual Frameworks/Models, Guiding Values and Principles"
- Had discussions with parents.

Results/Recommendations

- Need to emphasize awareness of cultural issues underlying mental health concerns of parents, caretakers, school representatives and service providers.
- Have Family Support Providers assist parents in advocating for their child(ren) in schools to make sure mental health services are available and appropriate.
- Determine a simplified process for identifying families of color in need of mental health services and establish an appropriate mental health referral process for services and resources without the family going to several agencies.
- Explore cultural competency training curriculum conducted for providers to ensure all necessary skill development aspects are included. Include cultural/linguistic competency training for all providers who have not had training. Conduct an assessment of providers regarding their needs to be more effective in delivering culturally/linguistically competent services and include the ways to address those needs in the curricula.
- Perform needs assessments with culturally and linguistically diverse groups in service areas, specifically rural/urban distinctions.
- Develop and administer policies in partnership with families, youth and primary consumers.
- Address barriers to delivery of interventions such as staff attitudes, service hours, service locations, languages, insurance, lack of knowledge about diverse cultural groups, and fear/distrust of the service system.
- Collect and analyze data according to different cultural groups (i.e. age, race, ethnicity, language, sexual orientation, geographic location, religion, immigration/refugee status, socioeconomic status, and literacy levels). Include other factors impacting mental health such as violence and trauma.

- ❍ Evaluate and monitor quality of interventions, services and supports through family and youth satisfaction surveys, focus groups, comparative analyses and other mechanisms.
- ❍ Use evidence-based practices in design and delivery of services and supports for culturally and linguistically diverse groups.

Some of the concepts above were obtained from Checklist for Systems of Care Communities, National Center for Cultural Competence—Georgetown University Center for Child and Human Development, April 2004.

Participants:
Debrah Stafford, TCCY, Co-Chair
Anne Pouliot, Parent, Co-Chair
Tonja Sesley Baymon, Memphis Urban League
Kristi Faulkner, DCS
Nneka Gordon, Comptroller of the Treasury
Tomeka. R. Hart, Memphis Urban League
Ray Lyons, Northeast CSA
Freida Outlaw, DMHDD
Mary Rolando, GOCCC

EVIDENCE-BASED SERVICES WORKGROUP
CHILDREN'S COUNCIL ON MENTAL HEALTH
February 2009 Report

Purpose/Objectives of the Workgroup:

The Evidence-based Practice Workgroup was established to assist the Council in formulating a consensus definition of evidence-based practice (EBP), consolidating information about current EBP initiatives across Tennessee and ensuring an approach to EBP that maintains the integrity of a "no wrong door" System of Care (SOC). The workgroup developed the following as guiding points:

- How should EBPs be addressed/considered in future legislation?
- How will EBPs be disseminated in a SOC?
- The Workgroup will consider a bi-directional approach to 1) identifying existing EBPs and 2) establishing evidence for services identified as essential parts of the services array.
- The Workgroup will consider both 1) training existing providers and 2) pre-service strategies (i.e. partnering with our graduate schools).
- What is currently available across the state?

In addition, three basic decision-making tenets were incorporated into workgroup process:

- The framework must support a "no wrong door" approach within a system of care.
- Recommendations should include acquiring practices that are able to be implemented with current resources or with ability to gain needed resources.
- Include prevention, early intervention and treatment as part of the recommendations and workgroup product.

Goals established to guide outcome of workgroup activities include the following:

- Establish a roadmap for disseminating and supporting (i.e. fidelity measurement) EBP across the state.
- Provide an assessment of the "state of EBP" in Tennessee.
- Provide a framework for supporting pre-service strategies with graduate schools to prepare professionals as they come into the field.
- Focus recommendations on collaborations with system of care sites in adoption of EBP.

Workgroup Process

The workgroup met via teleconference on the second and fourth Friday of each month. A number of stakeholders from various backgrounds participated in the meetings, ensuring input is obtained from a diverse group. An outline was developed to help guide the process and give the workgroup a common set of elements from which to develop the final product. The workgroup maintains a task list with identified action items, responsible parties and timeframes for completion.

Current activities include research of definitions of evidence-based practice and the development of a draft consensus definition, review of EBP across Tennessee, and assimilation of information about activities conducted by Department of Children's Services (DCS) and other agencies to identify EBP. The draft definition will be presented to the Council at the March meeting.

In addition, as DCS completes the Juvenile Justice EBP project, this information will be incorporated into the overall review of the Tennessee systems. Other resources utilized by the workgroup include the Department of Mental Health and Developmental Disabilities' Best Practice Guidelines for Children and Adolescents currently in place and research produced by the Governor's Office of Children's Care Coordination, Tennessee Adolescent Coordination of Treatment project.

The EBP Workgroup is in the development phase of a survey to providers. This survey will assist the workgroup synthesizing data regarding current EBP strategies being used across Tennessee. The survey results will be used to assist the workgroup in noting gaps in the service system regarding EBP

and in making recommendations for EBP adoptions and implementation. Survey dissemination is planned for the first week of February, 2009. A preliminary dissemination strategy has been developed and will be further refined at the next workgroup meeting.

Results / Recommendations

The workgroup has developed a draft definition of evidence-based practice which will be provided to the Council for review and adoption at the March meeting. The definition is as follows:

Establishing a consensus definition of EBP

There is considerable agreement in the scientific literature that often the day-to-day practice of mental health providers does not reflect the latest findings of clinical research (e.g. Drake, R. E., et. al., 2001, p. 180; Institute of Medicine, 2001; U.S. Department of Health and Human Services, 1999). The last 10 years have seen a call for increased use of Evidence Based Practices by mental health clinicians (Kazdin, 2008; Whalley & Davis, 2007; Weisz, et. al., 2006; Drake, et. al., 2001; Institute of Medicine, 2001; U. S. Department of Health and Human Services, 1999). However, this "call to action" has not been without its problems and controversies, not the least of which is the definition of what constitutes Evidence-Based Practices (EBP) (e.g., Hoagwood, et al., 2001; Leff, 2004; Kazdin, 2008). In the fields of medicine, social work, psychology, counseling, juvenile justice, and mental health there are many definitions of EBP with differing emphases. Not withstanding the many controversies in the literature, in the simplest sense EBP are "treatments that work". One of the goals of the CCMH EBP Workgroup is to provide guidance in defining EBP.

A Continuum of Evidence

Evidence that a given practice is a "treatment that works" exists on a continuum from practices supported with the most rigorous high-quality experimental research to practices supported by theoretical constructs that have general support in the professional community.

The highest level of evidence is EMPIRICALLY SUPPORTED PRACTICE. A program, practice, or treatment can be considered to be an Empirically Supported Practice if:

1) high-quality research using two or more between group design experiments show efficacy by having either:
    a) a statistically significant superior effect over placebo or another practice, or
    b) an equivalent effect to an established practice in experiments with adequate sample sizes.

OR

2) A large series of single case study design experiments (at least 9 such studies) demonstrating efficacy which:
    a) used good experimental design, and
    b) compared the practice to another practice (or placebo).

3) Experiments (and the program or practice) were conducted using treatment manuals.

4) Sample characteristics were clearly specified.

5) Effects were demonstrated by two different investigators or investigating teams. (Chambless, et. al., 1998).

The next highest level of evidence is RESEARCH-BASED PRACTICE. Research-Based Practice is a program, practice, or treatment that has some empirical support demonstrating efficacy and effectiveness but does not yet meet the requirements to meet the standard of Empirically Supported Practice. For instance, a Research-Based Practice may not reach the threshold of at least 9 single case study design experiments or may be so new that positive effects have not yet been demonstrated

by two different investigators or teams of investigators. However, it is expected that a Research-Based Practice would be manualized.

The minimal level of evidence which qualifies as Evidence Based Practice is THEORY-BASED PRACTICE. Theory-Based Practice is a program, practice, or treatment that has general support among treatment providers and experts, based on experience and the professional literature. Theory-Based Practice may have anecdotal (i.e., client reports of effectiveness) or case-study support for efficacy and effectiveness and has the potential for becoming either a Research-Based practice or an Empirically Supported Practice.

Evidence Based Practice and Children and Adolescents

Those who seek to develop Evidence Based Practices for use with children and adolescents face an additional challenge. It is evident that children differ from adults, so it logically follows that EBP for children must differ from those for adults. However, it is not enough to merely pay attention to age-related differences between adults and children/adolescents, but attention must also be directed to age differences among children and adolescents; the differences in rate and stage of development; the context in which the intervention will be delivered (e.g., schools); the complex and dynamic interactions among the child, the family, and the environmental context; and the central role the family plays in the life of he child, including the understanding of the diagnosis itself (Hoagwood, et.al., 2001).

Other recommendations are being deferred until the workgroup obtains survey results and has additional data from other initiatives.

Next Steps:

As the workgroup continues to assimilate information, we expect to begin building recommendations around monitoring evidence-based practice implementation within the System of Care. We have discussed key concepts including developing a methodology by which monitoring activities are consistent across all bodies, including state agencies, accrediting organizations, licensure entities, etc.

In addition, especially in the field of mental health, there is growing awareness of the difficulties and costs of implementing EBPs. As an alternative, some advocate "practice-based evidence," which places emphasis on accountability through performance measurement and use of continuous quality improvement strategies with clinicians to monitor and improve practice. We will plan to convene an intensive discussion about practice-based evidence, to determine how this concept can be included into the report.

Participants

Michael Cull, VU CMHC, Co-chair
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Mary Rolando, GOCCC
Kevin Schama, Appalachian Support Services
Stephanie Shapiro Gamse, GOCCC
James Schut, Centerstone Research Institute
Janet Todd, UT Memphis COE

MEDIA RELATIONS WORKGROUP
COUNCIL ON CHILDREN'S MENTAL HEALTH
February 2009 Report

Purpose/Objectives:
Develop strategies for disseminating information about System of Care and work of the Council in order to assure communities are knowledgeable about, supportive of and contributors to systems of children's mental health care.

Workgroup Process:
The Workgroup was formed in late January and had not officially met as of 1/30/09 but it will convene prior to the meeting of the CCMH scheduled for early March.

Products:
Column: Special to *The Commercial Appeal*, November 2008: When we help children, everyone wins: A "system of care" approach provides a comprehensive foundation of assistance for youngsters with mental health issues.

Column: Commentary in The Tennessean, January 2009: Science shows transfers are not the answer.

Newsletter: TCCY *The Advocate*, December 2008: Tennessee Moves to Improve Children's Mental Health Care; Creates Council on Children's Mental Health.

Next Steps:
Press Release planned for February 2009 with submission of Preliminary Report to the Legislature.

Participants:
Linda O'Neal, TCCY, Chair
Colleen Bohrer, Parent
Fay Delk, TCCY
Jill Hudson, DMHDD
Mary Rolando, GOCCC

When we help children, everyone wins

A "system of care" approach provides a comprehensive foundation of assistance for youngsters with mental health issues.

By Linda O'Neal
Special to The Commercial Appeal
Wednesday, November 19, 2008

Scientists now know that it is the interaction of genes and experience that shapes a child's developing brain.

Even children who have strong, supportive relationships with their parents, family members and others in the community may develop brain-based illnesses that present emotional and behavioral issues. In fact, such problems are among the leading health concerns of U.S. parents: In 2005 and 2006, the parents of one in seven children in this country consulted health care providers or school staff concerning their child's emotional or behavioral difficulties.

Evidence demonstrates that a "system of care" approach to providing the mental health services many children need -- using child-focused, family-driven, culturally competent strategies -- improves prospects for long-term success for the child, family and community. A system of care is a coordinated network that includes a full array of mental health and other services. It meets the diverse needs of children with serious emotional disturbances who require services from multiple systems.

A system of care approach involves collaboration by a variety of entities at the state, local and individual levels. Schools, health and mental health care providers, juvenile courts, law enforcement, the faith community, children's advocates, and the families and children themselves are among those who must work together to produce optimum outcomes.

The positive outcomes from a system of care for children's mental health services include reductions in school suspensions, expulsions and dropout rates, reduced use of hospital or residential placements, fewer commitments to state custody and less juvenile court involvement.

In response to a two-year study by the Select Committee on Children and Youth, the Tennessee General Assembly this year established a Council on Children's Mental Health. The council brings together key stakeholders, including youth and families, to lay the foundation for a high-quality system of care for children who need mental health services.

The council will develop a financial resource map of programs currently funded by the federal and state governments. Its plan will identify a core set of services that appropriately and effectively address the mental health needs of children and families.

The legislature established timelines for the council to recommend system of care pilot sites in each of the state's three grand divisions by 2010. If funded, 10 sites are to be operating by 2012, and the system will be in use statewide by 2015.

In partnership with the nonprofit group Tennessee Voices for Children, Shelby County's Just Care Family Network, Dr. Leon Caldwell of Rhodes College's psychology department and the Comprehensive Counseling Network, the Tennessee Department of Mental Health and Developmental Disabilities recently received federal funding to implement a system of care project in Shelby County that will serve children ages 5 to 19 with serious emotional disturbance.

The approach will involve trained local parents-caregivers as care coordinators with support from mental health consultants and an emphasis on school-based mental health delivery.

The Just Care network is on the path to being designated as one of the Council on Children's Mental Health pilot sites for 2010 and it will be instrumental in developing additional system of care sites across Tennessee.

The council's efforts will build on other successful strategies already in place for improving the mental health outcomes for young children in Tennessee. Existing partnerships involving the state departments of education and health and Vanderbilt University promote the social and emotional development of infants and young children. The state health department is also implementing a comprehensive early care system. For school-age children, Coordinated School Health Programs include an emphasis on health promotion for staff, family/community involvement, health education, physical education, health services, nutrition services, healthy school environment and counseling, psychological and social services.

The work of the Council on Children's Mental Health provides an important opportunity for improving the children's mental health system in Tennessee. When educators, mental health care providers and other service providers partner with families and children to assure needs are met in a comprehensive, coordinated manner, the outcomes are better for everyone.

Providing needed mental health services improves children's opportunities for success, and strengthens families, schools and communities.

Linda O'Neal is executive director of the Tennessee Commission on Children and Youth and co-chair of the Council on Children's Mental Health.

This is one in a series of monthly guest columns designed to focus public attention on issues that affect children. It is part of a Shelby County initiative to remind everyone, in every aspect of daily life, to "Ask First: Is It Good for the Children?" For more information, visit shelbycountychildren.com or call the Shelby County Office of Early Childhood and Youth at (901) 526-1822 ext. 249.

Linda O'Neal Op-Ed: http://www.tennessean.com/apps/pbcs.dll/article?AID=2009901030330

Science shows transfers are not the answer

By Linda O'Neal • January 3, 2009

Community safety and best interests of children align when it comes to transferring children for trial as an adult. The answer is clear: Children should be kept in the juvenile justice system except in extremely rare cases.

Historically one of the greatest strengths of the juvenile justice system in Tennessee was the reluctance of juvenile courts to transfer children for trial as adults except in those rare cases. Judges intuitively knew what science now tells us.

Through brain imaging science, we now know the frontal lobe of the brain, the part controlling rational thought and decision making, does not fully develop until well past 18. Children are often impulsive and act without adequately thinking through consequences. However, with maturation and appropriate intervention, judgment skills develop but are less likely to successfully do so in the adult criminal justice system.

Tennessee managed to avoid the knee-jerk reaction of many states in the 1990s when laws were changed to automatic transfer of children to adult court or transfer solely at the discretion of the prosecutor. Among other criteria, Tennessee law requires a judicial determination of reasonable grounds to believe the child committed the offense and whether the child can be rehabilitated in the juvenile system.

In August 2008, the Office of Juvenile Justice and Delinquency Prevention released "Juvenile Transfer Laws: An Effective Deterrent to Delinquency?" It reports extensive research on this topic. While the report indicates the evaluations of the impact of "deterrence" are varied, the impact on recidivism is clear. Transfer is found to increase recidivism: "The practice of transferring juveniles for trial and sentencing in adult criminal court has, however, produced the unintended effect of increasing recidivism, particularly in violent offenders, and thereby of promoting life-course criminality."

The 2008 Kids Count Data Book introductory essay discusses both the adverse impact of excessive transfer on community safety, and the brain science understanding of important differences in children and adults.

Effective strategies for improving juvenile justice include using evidence-based interventions, more intensive work with families, more effective interventions in schools, and improved early access to mental health and substance abuse services. Incarceration is not an evidence-based intervention.

Tennessee is striving to implement more effective strategies, including using child and family team meetings to engage families and guide service plans for children in custody, and implementing bullying prevention and other school-based programs. Established in 2008, the Council on Children's Mental Health has begun a planning process to improve the children's mental health and substance abuse service systems.

Legislation enacted in 2007 requires use of evidence-based services for juvenile delinquency prevention and intervention. Transfer to adult court is not an evidence-based solution. The Department of Children's Services and community providers should be supported and encouraged in this move to evidence-based services.

Reducing recidivism and avoiding "promoting life-course criminality" are important goals for the justice system. These goals are best achieved by keeping children in juvenile court.

Linda O'Neal is executive director of the Tennessee Commission on Children and Youth.

February Report Document Group 2

SURVEY RESULTS

COUNCIL ON CHILDREN'S MENTAL HEALTH

Council on Children's Mental Health Barriers Survey: Figure 1

Rank the ADMINISTRATIVE barriers/challenges to systems of care in Tennessee.

Answer Options	1: Least Barrier	2	3	4	5: Greatest Barrier	Rating Average
Accountability for performance and for resources	14%	19%	38%	19%	10%	2.90
Lack of integrated information systems	26%	16%	0%	16%	42%	3.32
Overcoming administrative and provider territoriality	0%	5%	15%	35%	45%	4.20
Poor historical relationships among those expected to be partners	27%	23%	23%	18%	9%	2.59
Quantifying the amount of resources & effort related to positive outcomes	19%	38%	24%	14%	5%	2.48

Rank the SERVICES barriers/challenges to systems of care in Tennessee.

Answer Options	1: Least Barrier	2	3	4	5	6: Greatest Barrier	Rating Average
Inadequate culturally competent services	30%	50%	10%	5%	0%	5%	2.10
Lack uniform eligibility criteria to enter SOC	21%	11%	16%	16%	21%	16%	3.53
Inadequate youth/parental engagement	14%	5%	18%	46%	14%	5%	3.55
Inability to track outcomes	18%	14%	23%	18%	14%	14%	3.36
Difficulty implementing Evidence Based Practices	5%	23%	18%	0%	46%	9%	3.86
Limited number and array of services	13%	0%	13%	13%	9%	52%	4.61

Rank the POLICY barriers/challenges to systems of care in Tennessee.

Answer Options	1: Least Barrier	2	3	4	5: Greatest Barrier	Rating Average
Conflicting state agency rules/requirements	14%	19%	10%	33%	24%	3.33
Lack of uniform service eligibility criteria statewide	9%	18%	46%	18%	9%	3.00
Inadequate cross-agency coordination about children's mental health	10%	0%	14%	24%	52%	4.10
Inadequate transition to adult mental health services	29%	33%	10%	14%	14%	2.52
Differing federal & state confidentiality rules among departments/agencies	32%	27%	23%	18%	0%	2.27

Rank the barriers/challenges to systems of care PRINCIPLES in Tennessee.								
Answer Options	1: Least Barrier	2	3	4	5	6	7: Greatest Barrier	Rating Average
Fidelity to SOC wrap-around model	9%	9%	14%	14%	27%	23%	5%	4.27
Achieving commitment/buy-in by state agencies, local communities and providers	14%	0%	10%	10%	10%	14%	43%	5.14
Historical relations among agencies	5%	26%	21%	16%	21%	11%	0%	3.53
Sustainability of SOC	0%	10%	5%	5%	14%	24%	43%	5.67
Transition to strengths-based service planning	27%	14%	23%	23%	9%	5%	0%	2.86
Lack of workforce development/qualified staff	4%	22%	13%	30%	9%	13%	9%	3.91
Educating/engaging community	38%	14%	24%	0%	14%	10%	0%	2.67

What are the most important elements to put in place to overcome the barriers?									
Answer Options	1: Least Important Element	2	3	4	5	6	7	8: Most Important Element	Rating Average
Statewide culture change to shared SOC vision.	15%	0%	15%	5%	0%	10%	20%	35%	5.60
Joint planning among all child-serving agencies	10%	14%	0%	0%	10%	19%	19%	29%	5.62
Clear SOC governance structures	0%	0%	20%	25%	15%	15%	15%	10%	5.10
Memoranda of Understanding among agencies	5%	15%	15%	10%	25%	15%	15%	0%	4.40
Shared information systems among agencies	25%	0%	10%	25%	20%	5%	10%	5%	3.95
Fiscal accountability among agencies	10%	14%	19%	24%	10%	19%	0%	5%	3.90
Collaborative funding	0%	24%	19%	5%	19%	0%	24%	10%	4.62
Economies of scale, i.e., # of enrollees justifies cost of system	27%	27%	5%	9%	9%	14%	0%	9%	3.32

What is your experience with Mental Health Systems of Care?		
Answer Options	Yes	No
Have you participated in a children's mental health system of care?	65%	35%
Were you in a leadership role in the SOC?	50%	50%
Did you experience effective communication w/ other participants?	88%	13%
Did all participants contribute resources (time and expertise) to the SOC amicably?	63%	38%
In your opinion did services to families improve?	81%	19%

Council on Children's Mental Health: Youth Survey

Figure 2: Percentage of Youth Respondents Served by Various Agencies & Individuals
Youth Survey Results

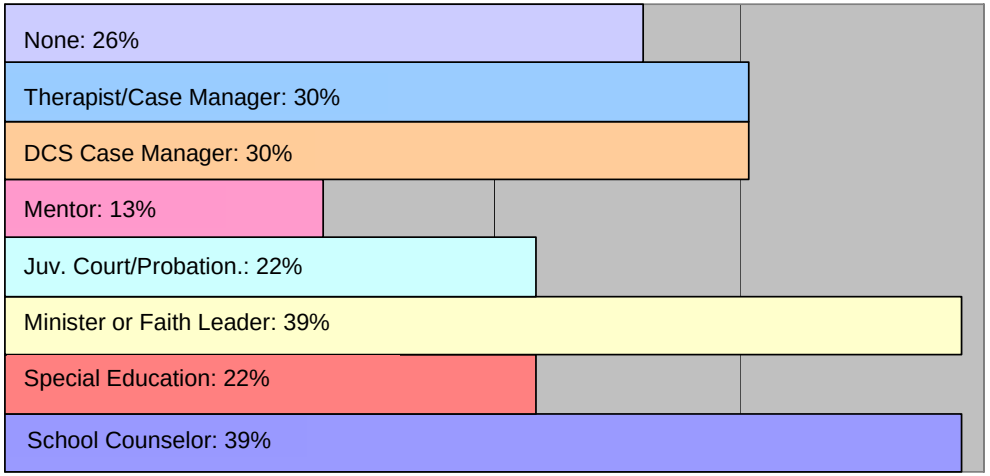


Figure 3: Most Helpful Services
Youth Survey Results

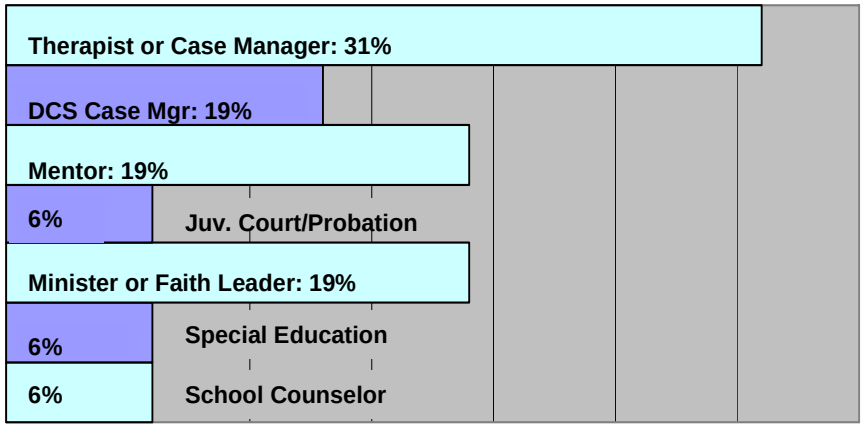


Figure 4: Places Stayed to Receive Mental Health Services
Youth Survey Results

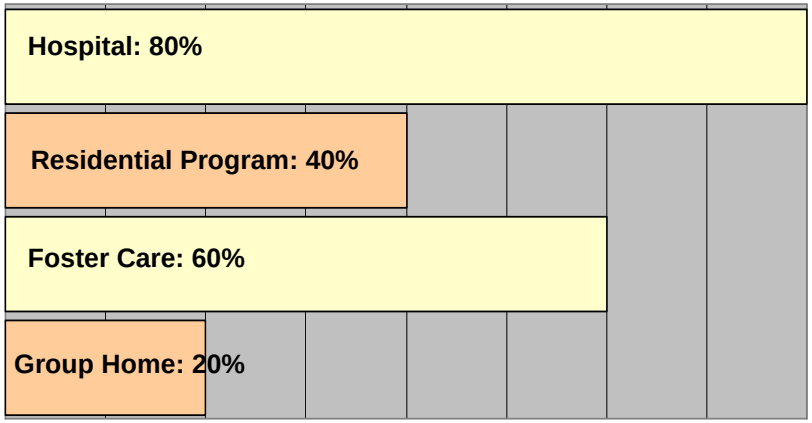
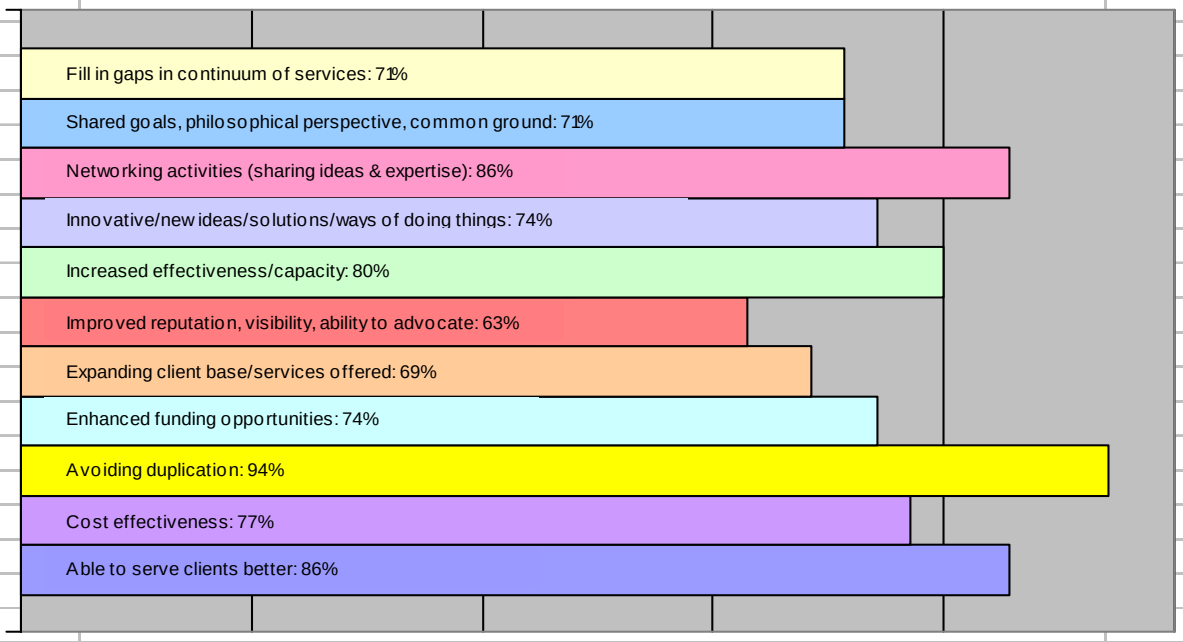


Figure 5: Council on Children's Mental Health: Status of Interagency Collaboration Survey Results	Agree/ Strongly Agree
All appropriate child-serving agencies are represented in the Council on Children's Mental Health.	85%
My agency is committed to the development of a system of care for children in Tennessee.	91%
My agency has consistent, high-level participation in the Council on Children's Mental Health.	82%
I regularly receive information regarding the progress of the Council on Children's Mental Health.	77%
My agency understands its role in the Council on Children's Mental Health.	76%
My agency is actively participating in at least one Council on Children's Mental Health work group.	94%
My agency understands the goals of the Council on Children's Mental Health work groups.	77%
My agency's "voice" is heard as a part of the Council on Children's Mental Health.	82%
The Council on Children's Mental Health has given my agency a better understanding of the goals of other child-serving state and community-based agencies.	68%
The work of the Council on Children's Mental Health has led to opportunities to partner with other child-serving state and community-based agencies.	59%
Family voices are represented in the Council on Children's Mental Health.	68%
All appropriate child-serving agencies are represented in the Council on Children's Mental Health.	77%
The Council on Children's Mental Health has the right membership at the table to meet its goals.	74%
The Council on Children's Mental Health has clear structure and policies in place to organize and guide	62%
Members of the Council on Children's Mental Health have a shared definition of evidence-based	53%
The Council on Children's Mental Health has a plan for the provision of culturally and linguistically competent services to children and their families.	41%
My agency is easily able to share data and information across systems on a routine basis.	52%
My agency regularly partners with other child-serving state and community-based agencies on funding opportunities.	56%
My agency has Agreements/Memoranda of Understanding with other agencies focused on children's mental health.	64%
My agency involves families and youth in the development of policy, practice standards and outreach	57%

Figure 6: Council on Children's Mental Health Perceived Benefits of Collaboration



Council on Children's Mental Health Figures: Status of Interagency Collaboration Survey Results

Figure 7:
Barriers to a System of Care are Identified

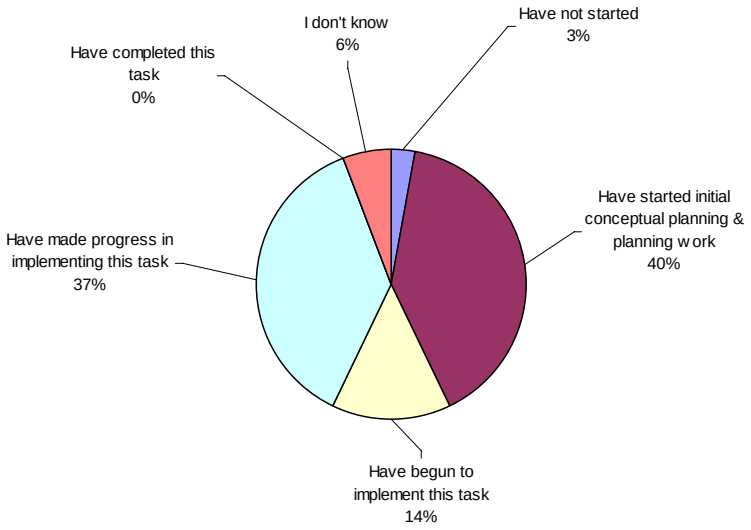


Figure 8:
There is a clear understanding of available evidence-based, theory-based or research-based services to children in Tennessee.

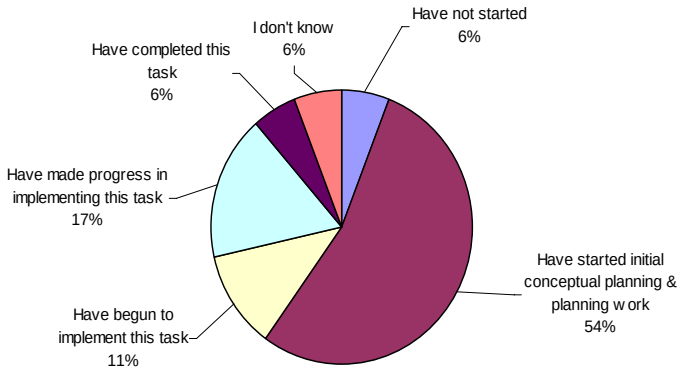


Figure 9:
Interagency agreements are in place to support a system of care in Tennessee.

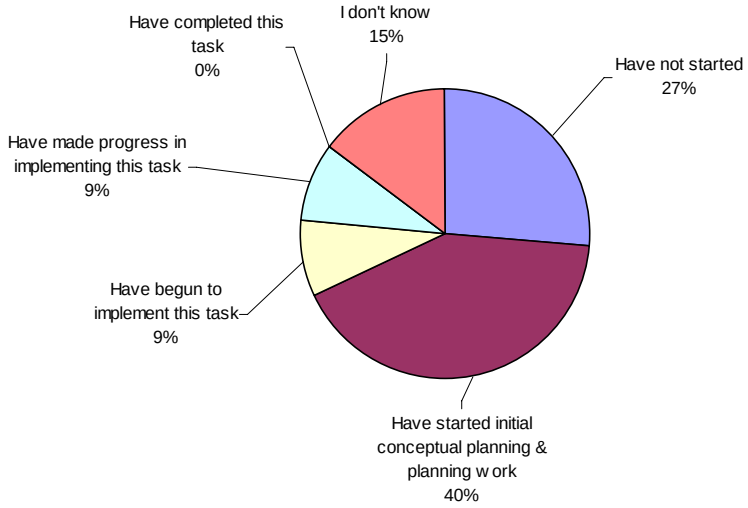
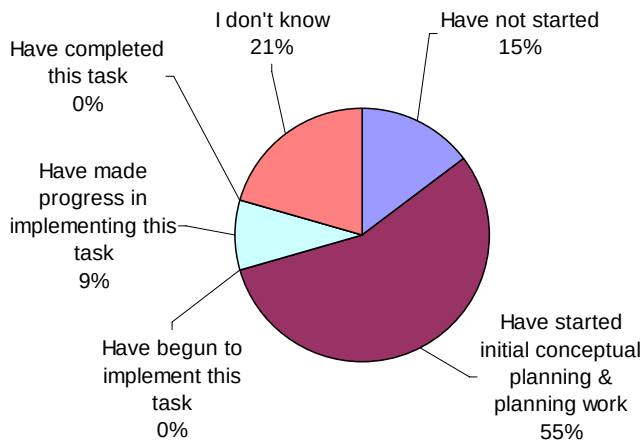


Figure 10:
A financial resource map outlining available state and federal funding for children's mental health is developed.



Council on Children's Mental Health Figures Status of Interagency Collaboration Survey Results

Figure 11:

A cost analysis of federal and state funded programs is completed.

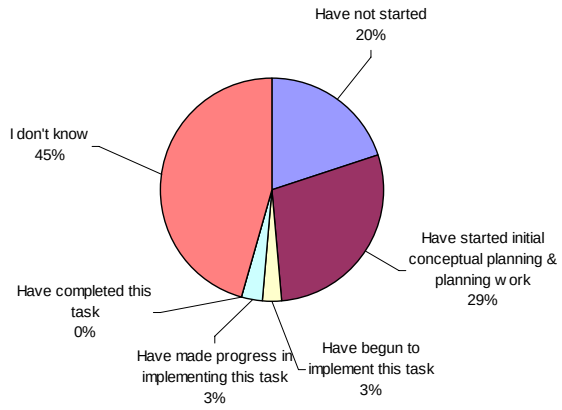


Figure 12:

A plan for a statewide system of care in Tennessee is developed.

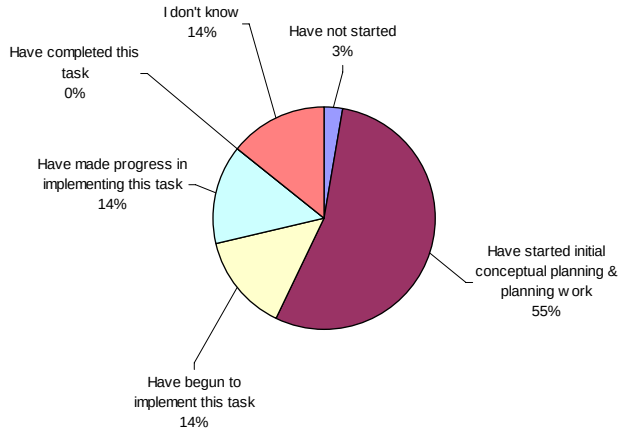


Figure 13:

Formal recommendations are in place to implement a statewide system of care in Tennessee.

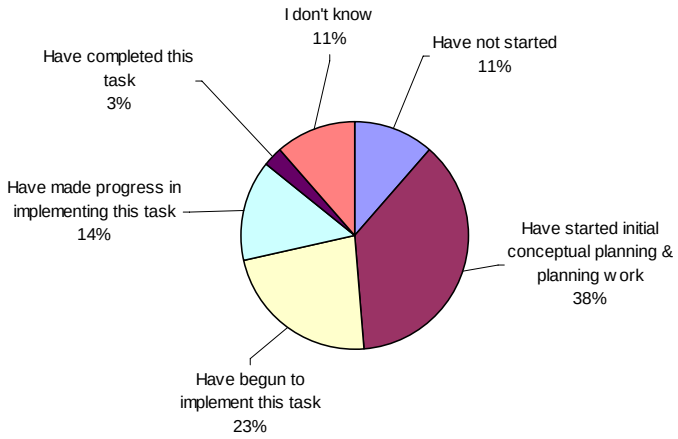
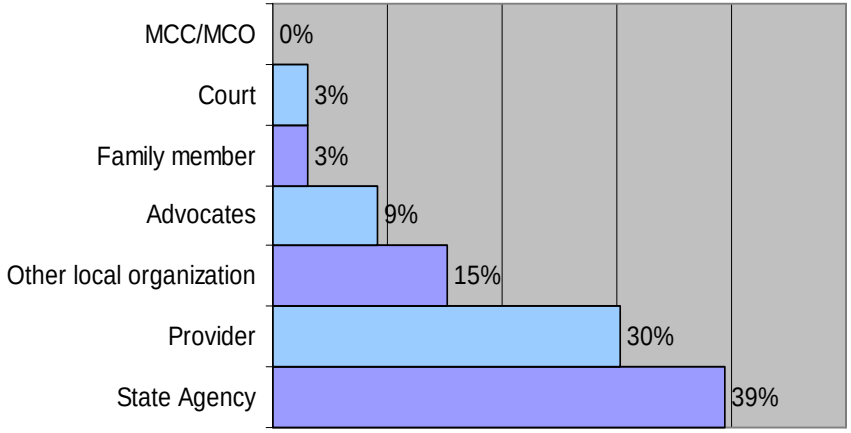


Figure 14:

What group or type of agency do you represent?



MEMORANDUM OF UNDERSTANDING
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES;
TENNESSE COMMISSION ON CHILDREN AND YOUTH;
AND
GOVERNOR'S OFFICE OF CHILDREN'S CARE COORDINATION

This Memorandum of Understanding by and between the parties named above is to provide the framework for the collaboration, development and compilation of the Council on Children's Mental Health (CCMH) February 1, 2009 and July 2010 Report to the Tennessee Legislature.

WHEREAS, the Public Acts, 2008 Chapter No. 1062 (P.C 1062), established a Council on Children's Mental Health (CCMH) to design a plan for a statewide system of care for children. CCMH is comprised of leadership from child-serving state and community-based agencies, the courts, legislators, families and advocates. The CCMH is co-chaired by the Commissioner of the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) and the Executive Director of the Tennessee Commission on Children and Youth (TCCY).

WHEREAS, the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) is designated by both the State and SAMHSA as the single State Authority for mental health and substance abuse services in the State of Tennessee and, as such, is charged with the establishment of the policy for Tennessee's public mental health and substance abuse system based on the application of science, evidence, data and national standards to mental health and substance abuse programs, services and outcomes.

WHEREAS, the Tennessee Commission on Children and Youth (TCCY) is an independent state agency whose primary mission is advocating for the improvement of the quality of life for Tennessee children and families.

WHEREAS, the Governor's Office of Children's Care Coordination (GOCCC) assists in the coordination of children's policy among the child serving departments of the state, in establishing appropriate partnerships among academics, communities, providers, faith-based services, and businesses, and in bridging science and public policy.

WHEREAS, TDMHDD, TCCY and the GOCCC agree to collaborate to develop in Tennessee a coordinated system of care for children's mental health needs that is child-centered, family-driven, and culturally and linguistically competent. THEREFORE, the Parties agree:

General Responsibilities

1. TDMHDD and TCCY shall assist CCMH by providing logistical and administrative support as needed for CCMH meetings and activities.

2. TDMHDD and TCCY shall provide final approval of the work products of CCMH and its committees, assuring that the work product(s) are representative of CCMH's goals and purposes.

3. TDMHDD, TCCY and GOCCC will develop strategies that lead to the July 1, 2010 report to the General Assembly for review and approval by the CCMH.

TDMHDD Responsibilities

1. The Commissioner of TDMHDD or designee shall Co-chair the CCMH with TCCY.

2. The Commissioner of TDMDD shall select two individuals from TDMHDD to serve as members of the CCMH. Of the two individuals selected one shall have experience with or a basis of knowledge about children and youth services and the other shall have experience with or a basis of knowledge about alcohol and drug abuse services.

3. TDMHDD shall identify specific content areas that require the establishment of CCMH workgroups and provide guidance to the workgroups.

4. TDMHDD shall review, comment and provide input on processes and documents developed by the GOCCC for CCMH use.

5. TDMHDD shall work with TCCY and GOCCC, in consultation with CCMH, to determine and establish the commitments of the parties in the development of the July 1, 2010 CCMH report to the General Assembly.

6. TDMHDD shall provide other support to CCMH as determined appropriate and feasible by TDMHDD.

TCCY Responsibilities

1. TCCY Executive Director or designee shall Co-chair the CCMH with TDMHDD.

2. The Chairman of the TCCY or designee shall serve as a member on the CCMH.

3. TCCY shall identify specific content areas that require the establishment of CCMH workgroups and provide guidance to the workgroups.

4. TCCY shall review, comment and provide input on processes and documents developed by the GOCCC for CCMH use.

5. TCCY shall work with TDMHDD and GOCCC, in consultation with CCMH, to determine and establish the commitments of the parties in the development of the July 1, 2010 CMCH report to the General Assembly.

6. TCCY shall provide other support to CCMH as determined appropriate and feasible by TCCY.

GOCCC Responsibilities

1. GOCCC shall participate on a regular basis in CCMH meetings and CCMH workgroup meetings.

2. GOCCC shall organize, develop and/or compile information required by the P.C. 1062 for the February 1, 2009 report to the General Assembly; provide a draft of an Executive Summary, report and related documents for review, comment and revision to the co-chairs of the CCMH and others as appropriate; and finalize the report for timely delivery to the General Assembly.

3. GOCCC shall work with TDMHDD and TCCY in consultation with CCMH to determine and establish the commitments of the parties in the development of the July 1, 2010 CCMH report to the General Assembly.

WHEREBY: This Memorandum of Understanding (MOU) shall not be altered or otherwise amended except pursuant to an instrument in writing signed by each of the parties. This MOU will be reviewed regularly by all parties in *September 2009 and will be renewed or will terminate by January 1, 2010.*

AGREED AND EXECUTED BY:

_____ _____

Virginia Trotter Betts Date

Commissioner, Tennessee Department of Mental Health and Developmental Disabilities

_____ _____

Linda O'Neal Date

Executive Director, Tennessee Commission on Children and Youth

_____ _____

Bob Duncan Date

Director, Governor's Office of Children's Care Coordination

STATE OF TENNESSEE

COUNCIL ON CHILDREN'S MENTAL HEALTH

MEMBERSHIP

January 28, 2009

Virginia (Ginna) Trotter Betts, Commissioner
TN Dept. Mental Health/Dev Disabilities
Nashville

Linda O'Neal, Executive Director
TN Commission on Children and Youth
Nashville

Susan Adams, Deputy Director
TN Community Services Agency
Memphis

Janie Palazolo, Program Director (Alternate)
TN Community Services Agency
Memphis

Rachel Anthony, Judge
Lauderdale County Juvenile Court
Ripley

Mark Baldwin, Director of Programs
Youth Town
Pinson

Heather Baroni, Vice President
Behavioral Health Operations
Amerigroup Community Care
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Kathy A. Benedetto, Director
TN Children and Youth Outpatient Services
Frontier Health
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Bonnie S. Beneke, LCSW, Executive Director
TN Chapter of Children's Advocacy Centers
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Dick Blackburn
TN Association Mental Health Organizations
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Vickie Harden, (Alternate)
Volunteer Behavioral Health Care System
Murfreesboro

Colleen Elizabeth Bohrer, Mother
Midway

Kathryn Bowen, Senior Program Evaluator
Centerstone Research Institute
Nashville

Charlotte G. Bryson, Executive Director
Tennessee Voices for Children
Nashville

Millie Sweeney (Alternate)
Assistant Director for Programs
Tennessee Voices for Children
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Senator Charlotte Burks
Tennessee State Senate
Nashville

Leon D. Caldwell, Ph.D., Director
Center for Advance of Youth Development
Rhodes College
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Tiffany Cheuvront, Executive Director
TN Alliance for Children and Families
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Nicole Cobb
Director of School Counseling
TN Dept of Education
Nashville

Michelle Covington, Director
Community Based Services for Children
Centerstone
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Michael Cull, Executive Director
Vanderbilt CMHC
Director, Vanderbilt COE
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TN Dept Mental Health and Developmental
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Bob Duncan, Director
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Bruce Emery, Assistant Commissioner
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TN Dept of Mental Health and Developmental
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Karen Franklin, Executive Director
National Association Social Workers
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Mary Beth Franklyn
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Charles Freed, MD
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Memphis

Tonja S. Baymon, Programs Director (Alternate)
Memphis Urban League
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Raquel Hatter, President/CEO
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Shalonda Cawthon, Vice President (Alternate)
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Lea Haynie, Vice President
Behavioral Health Services
AmeriChoice
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Craig Anne Heflinger
Associate Dean for Graduate Education
Peabody College, Vanderbilt University
Nashville

Mike Herrmann, Executive Director
Office of School Safety & Learning Support
TN Dept of Education
Nashville

Denise Hobbs-Coker, CMSW
Executive Director
The Center For Family Development
Shelbyville

Jennifer Houston
Legal Assistant, Legal Counsel to Governor
Governor Phil Bredesen's Office
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Robbie Hutchens, L.M.F.T., M.M.F.T.
TN Assn for Marriage & Family Therapy
Signet House, LLC
Smyrna

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Jeanne James, MD, FAAP
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Blue Cross Blue Shield Tennessee
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Dustin Keller, Director
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Randal Lea, Assistant Commissioner
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Ellyn Wilbur. Director
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Kristie Wilder, Intern
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Nashville

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Medical Director for Behavioral Health
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Just Care for Kids
c/o Varangon
Bartlett

Christina Kloker Young
Child and Family Advocate
C. K. Young & Associates
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Stephanie Young
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Cindy Perry, Executive Director
Select Committee on Children and Youth
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TN Commission on Children and Youth
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Pam Brown, KIDS COUNT Director, Chair
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TENNESSEE COMMISSION ON CHILDREN AND YOUTH

TITLE VI COMPLIANCE

POLICY AND PROCEDURES MANUAL

2008-2009

TENNESSEE COMMISSION ON CHILDREN AND YOUTH

Tennessee Commission on Children and Youth
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Contents

TENNESSEE COMMISSION ON CHILDREN AND YOUTH
TITLE VI POLICY AND PROCEDURES MANUAL

Part I. Overview of TCCY's Title VI Enforcement Program

1. Overview of the Tennessee Commission on Children and Youth

The Tennessee Commission on Children and Youth (TCCY) is an independent agency created by the Tennessee General Assembly. The primary mission of the Commission is advocacy for improvements in the quality of life for Tennessee's children and families. There has been a Commission in Tennessee since the 1950's. The current statutory framework for the Commission on Children and Youth was enacted in 1988.

Appointed by the Governor for three-year staggered terms, the twenty-five Commission Members serve as the policy board for the agency, with a total of nine (9) consecutive years for any one member. Each development district is represented by at least one Commission Member, and the Commissioners of state departments serving children, or their designees, are ex-officio members. The Commission also has youth advisory members to meet the requirements for serving as the State Advisory Group under the Federal Juvenile Justice and Delinquency Prevention Act. A list of current Commission Members (as of 4/16/08) can be found on page 19 of the Appendix.

TCCY has 55 full-time positions, 46 of which are located in the central office in Nashville. The other nine (9) are stationed across the state, by development district. The TCCY Executive Director is responsible for the administration of the agency, including the selection of staff and other personnel decisions. TCCY staff is divided into seven sections, as indicated on the Organizational Chart in the Appendix on page 22.

The Commission has nine (9) standing committees to oversee the operations of the agency. The Commission officers and committee chairs serve as the Executive Committee. The Governor appoints the chair for a three-year term. Other officers, vice-chair and secretary, are elected by the Commission. The four TCCY standing committees are described below. Primary staff support is included in each committee description.

Executive Committee consists of the Commission Chairs and all Chairs of the sub-committees of the Commission along with the TCCY Executive Director and Division Directors. The committee summarizes the projected work of TCCY before the full Commission meeting.

The Budget and Data Committee is responsible for TCCY efforts to collect and disseminate information, including the *Advocate,* Kids Count, The State of the Child Report, and commission budget requests, budget analysis, and recommendations. Administration staff, Tennessee Kids Count staff, Legislative staff, and the publications editor are assigned to this committee.

The Councils Committee reviews activities related to the nine Regional Councils on Children and Youth and interdepartmental activities. Field Operations staff is assigned to this committee.

The Children's Services Committee oversees Commission activities in the evaluation of children in state custody through the Children's Program Outcome Review Team (C-PORT) process. This committee also oversees Ombudsman activities that will measure the effectiveness and quality of services to children. Children's Program Outcome Review Team (C-PORT) and Ombudsman staff assists with this committee.

The Juvenile Justice and Minority Issues Committee is a committee that has multiple roles. It supervises the implementation of the Federal Juvenile Justice and Delinquency Prevention Act in Tennessee, the administration of Federal Formula, Title V, Juvenile Accountability Block Grants, and Enforcing Underage Drinking Laws and grant funds for juvenile justice activities. State juvenile justice funding includes State Supplements, Court Appointed Special Advocates (CASA) and Reimbursement Account (state and federal dollars). This committee ensures adequate consideration of the needs of children of color in all TCCY efforts, with particular emphasis on the issue of minority overrepresentation in secure confinement. This committee also oversees all Title VI compliance efforts. Juvenile Justice staff members are assigned to this committee.

Grant Review Committee reviews all grants applications submitted to TCCY for federal grants and makes recommendations to the full Commission for approval or disapproval of grant amounts.

The Personnel Committee handles personnel matters and provides oversight on TCCY personnel issues. This committee is responsible for establishing performance standards for the executive director, as well as, reviewing of the executive director's performance.

Audit Committee is responsible for reviewing and oversight on all audit finding(s) related to TCCY agency operations. The committee also works with the TCCY Executive Director and Division Directors to make sure that all audit finding recommendation(s) are addressed.

Legislative Committee reviews all proposed legislation pertaining to Tennessee's children. Assisted by TCCY's Legislative staff, the committee makes recommendation(s) to the Commission as to the viability and benefit of any law for our most vunerable citizens -- our youth.

In addition to the areas of responsibility for each committee, the Commission is also heavily involved in legislative advocacy. This includes monitoring legislation and appropriate committees of the General Assembly and disseminating information through Legislative Reports and Legislative Updates. Legislative staff performs these duties.

Clerical duties are performed by the Support Services staff, which is also responsible for administrative tasks such as time keeping, purchasing, personnel actions, and property management.

2. Program Coverage: Budgets/Amounts of Federal and State Dollars

TCCY administers the Federal Juvenile Justice and Delinquency Prevention Act (JJDPA). Each year the state receives approximately $2.2 million through the Act and other federal funds. This includes Federal Formula Grants, Juvenile Accountability Block Grant (JABG) funds and Title V- Delinquency Prevention and Enforcing Underage Drinking Laws (EUDL). The Commission awards grants to agencies and organizations for delinquency prevention to ensure youth who commit offenses receive appropriate placements and services as well as making sure juveniles are held accountable for criminal offenses.

Projects are funded on a year-to-year basis, generally for a maximum of three years. Usually a declining share basis is used for Federal Formula grants, with one hundred percent of an approved budget funded the first year, seventy-five percent of the first year's budget amount funded in the second year, and fifty percent of the first year's budget amount funded in the third year. On page 23 of the Appendix the table outlines how the federal funds were allocated by TCCY in FY 2007 – 2008.

A grant to provide Ombudsman services was made available through the Challenge Activities Grant of the JJDP Act. This grant is administered through the Commission.

The Commission also administers state funds for the improvement of juvenile court services. Reimbursement Account funds are provided to counties that do not have juvenile detention centers. These funds are used for alternative services for juveniles instead of placing them in adult secure facilities. Reimbursement funds are a combination of state and federal dollars. In FY 2007-2008, ninety-five (95) Tennessee counties were eligible to receive $9,000 due to having a Youth Services Officer for Juvenile Court who meets education and training requirements. The total budget for the State Juvenile Justice Supplement program is $855,000. Finally, TCCY administers state funds for the Court Appointed Special Advocate (CASA) program. The purpose of the CASA program is to recruit, train, and supervise volunteers, approved by the court, to serve as advocates for the best interests of abused, neglected, or dependent children and other children whose placement is being decided by juvenile court. CASA funds are provided through the Department of Children's Services.

Juvenile Justice Funds Administered by TCCY – FY 2007-2008

Program	State Share	Federal Share	Total
Juvenile Justice & Delinquency Prevention Act	$ 108,800	$1,088,000	$1,196,800
Reimbursement Account	18,000	117,000	135,000
State Juvenile Justice Supplements	855,000	-0-	855,000
Court Appointed Special Advocates (CASA)	555,000	-0-	555,000
Title V	1882	75,350	77,232
JABG	83148	748,600	831,748
EUDL	-0-	350,000	350,000
Total Funds	$1,621,830	$2,378,950	$4,000,780

3. The Organization and Civil Rights Coordinator

The overall responsibility for complying with the provisions of Title VI is vested in the TCCY Executive Director, who is accountable for the administration of TCCY and its organizational subdivisions, field offices, and contracting agencies and governmental units.

The Chair of the Juvenile Justice and Minority Issues Committee shall oversee Title VI compliance efforts, in conjunction with the TCCY Title VI Coordinator, Title VI Work Group, which includes the Juvenile Justice and Minority Issues Committee. The responsibility for coordinating Title VI within TCCY is assigned to and divided among supervisory staff of TCCY. The Juvenile Justice and Minority Issues Committee shall conduct an annual review of compliance efforts prepared by TCCY staff to ensure that the following have occurred:

a. Commission staff and members have received appropriate and adequate training on Title VI to function fully in their responsibilities associated with Title VI compliance and implementation.

b. Commission staff and members have received all materials such as procedural manuals, posters, and pamphlets required for administering and complying with the Title VI program.

c. Appropriate TCCY staff and members have on file copies of compliance reports from grantees indicating the status of their Title VI compliance.

d. An overview of Title VI requirements has been incorporated into new staff and new Commission member orientation, and information about Title VI is included in the agency "Employee Policies and Procedures Manual".

The TCCY Title VI Coordinator is responsible for maintaining all Title VI records and documentation within the Agency, including the database used to conduct statistical analyses concerning Title VI compliance. The Coordinator shall work in cooperation with the Executive Director, the Juvenile Justice Director, and the Title VI Work Group to develop the annual Title

VI Implementation Plan. The Coordinator shall work with TCCY supervisory staff and monitoring staff to ensure an adequate number of Title VI training sessions are conducted statewide in conjunction with TCCY Commission and Council meetings and other appropriate events. The Title VI Coordinator for TCCY is:

Mr. Ron King
Children's Program Coordinator
710 James Robertson Parkway, Ninth Floor
Nashville, TN 37243-0800
(615) 741-2633

The relationship between TCCY and sub-recipients consists of TCCY granting funds to said sub-recipients, explaining compliance requirements, supplying compliance materials (e.g. self surveys, posters, and brochures), and monitoring programs implemented by sub-recipients.

4. Civil Rights Policy and Guidelines

Purpose: The purpose of Title VI in the Civil Rights Act of 1964 is to prohibit programs that receive federal funds from discriminating against participants or clients on the basis of race, color, or national origin. The intent of the law is to ensure that all persons, regardless of their race, color, or national origin, are allowed the equal opportunity to participate in these federally funded programs. To ensure TCCY meets its compliance responsibility, the following procedures have been established to provide for monitoring of Title VI compliance activities and complaint processing in all programs that receive Federal funding, in whole or in part, from TCCY.

Scope: This policy applies to all individuals, organizations, or governmental units that receive grants or other funding from TCCY.

Policies and Procedures: TCCY reaffirms its policies to afford all individuals the opportunity to participate in Federal financially assisted programs and adopts the following provision:

> "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The ultimate responsibility for complying with the provisions of Title VI is vested in the Executive Director of TCCY.

For the purpose of monitoring Title VI compliance activities, the Title VI Work Group, shall review the information from grantees regarding Title VI compliance. These meetings shall focus on Title VI Self Survey results, non-compliance problems, and any complaints filed during that period.

Central Office TCCY Monitors will conduct monitoring reviews of program contracts. The Department of Finance and Administration Policy 22 requires that all sub-recipients receiving state and/or federal funds from state departments, agencies, and commissions in Tennessee be monitored on a regular basis following monitoring guidelines established by the Department of Finance and

Administration, in consultation with the Comptroller of the Treasury. One monitoring area to be covered in the monitoring review is Civil Rights. All sub-recipients are expected to be able to document the following when they are monitored by TCCY:

1. Are notices of non-discrimination, including all applicable civil rights laws, posted in conspicuous places available to employees and applicants? Applicable civil rights laws include Title VI of the Civil Rights Act of 1964; Title VII of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; American Disabilities Act of 1990; Age Discrimination in Employment Act of 1967; Age Discrimination Act of 1975; Vietnam Era Veterans' Readjustment Assistance Act of 1974; and Title IX of the Education Amendments of 1972.
2. Are agency policies and procedures relevant to civil rights available for review?
3. Does the agency provide and document training to staff on non-discriminatory issues and policies?
4. Have any formal discrimination complaints been filed against the agency? If so, have complete records available for monitoring review.
5. Are eligibility requirements applied uniformly; services provided to all participants equally based on need; outside referrals made on a non-discriminatory basis; and all client records maintained uniformly for all individuals?

Definitions of Civil Rights Monitoring terms can be found in the Appendix on page 38.

TCCY staff in Nashville will distribute pamphlets and posters designed to inform grantees and their service recipients of the availability of services, one's rights under Title VI, and the complaint procedure. Information will also be shared with TCCY staff and Commission Members to inform them of their obligations under Title VI. TCCY grantees are responsible for making Title VI pamphlets available to service recipients, for displaying Title VI posters in prominent locations, and for making additional pamphlets and posters available as needed. TCCY staff will include, as part of their on-site visit, observations whether posters and brochures are visible and accessible to service recipients.

5. Definitions

Assurance: A written statement or contractual agreement signed by the agency head in which a recipient agrees to administer federally assisted programs in accordance with civil rights laws and regulations.

Beneficiaries: Those persons to whom assistance, services, or benefits are ultimately provided.

Civil Rights Compliance Reviews: Regular, systematic inspections of agency programs conducted by Central Office TCCY Staff to determine regulatory compliance with civil rights laws and regulations is done at least once per year. These reviews help to measure the effectiveness of agency civil rights programs. They identify problems such as denial of full benefits, barriers to participation, different treatment, lack of selection to advisory boards and planning committees, lack of information, and denial of the right to file a civil rights complaint.

Compliance: The fulfillment of the requirements of Title VI, other applicable laws, implementing regulations, and instructions to the extent that no distinctions are made in the delivery of services or benefits based on race, color, or national origin.

Complaints: A verbal or written allegation of discrimination which indicates that any federally assisted program is operated in such a manner that it results in disparity of treatment to persons or groups of persons because of race, color, or national origin.

Discrimination: To make any distinction between one person or group of persons and others, either intentionally, by neglect, or by the effect of actions or lack of actions based on race, color, or national origin.

Federal Assistance: Any funding, property, or aid provided for the purpose of assisting a beneficiary. Federal financial assistance may be in the form of property, technical assistance, grants, or partnerships and does not refer solely to the distribution of funds.

Minority: A person or groups of persons differing from others in some characteristics and often subjected to differential treatment on the basis of race, color, or national origin.

Noncompliance: Failure or refusal to comply with Title VI of the Civil Rights Act of 1964, other applicable civil rights laws, and/or failure or refusal to implement departmental regulations.

Parity: The proportion of minority participation to the minority eligible population of a service delivery point is the same as the proportion of non-minority participation to the non-minority eligible population of the same delivery point.

Public Notification: Process of publicizing information on the availability of programs, services, benefits, the right to file a Title VI complaint, and TCCY statements of nondiscrimination. Notification is attained primarily through the use of newsletters, brochures, pamphlets, community organizations, TCCY Commission meetings and Council meetings, the release of requests for grant proposals, and grant-writing training.

Service Delivery Area: The area served by a service delivery point in the administration of federally assisted programs.

Service Delivery Point: The place in which federally assisted program services or benefits are administered to the public.

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d-4: Federal law prohibiting discrimination based on race, color, or national origin. It covers all forms of federal aid except contracts of insurance and guaranty. It does not cover employment, except where employment practices result in discrimination against program beneficiaries or where the purpose of the federal assistance is to provide employment.

6. Staff and Budgetary Resources/Civil Rights Training

Staff Resources:

Commission Members: The TCCY Juvenile Justice and Minority Issues Committee have primary oversight duties for Title VI compliance, and shall meet in conjunction with regularly scheduled TCCY Commission meetings, or as needed. The racial composition of the Juvenile Justice and Minority Issues Committee is as follows: 3 African American, 9 Caucasian.

TCCY Central Office Staff: The Executive Director of TCCY has overall responsibility for ensuring Title VI compliance. The responsibility for coordinating Title VI within TCCY is assigned to and divided among the supervisory staff of TCCY. A Title VI Work Group, led by the Title VI Coordinator, monitors Title VI compliance for the Agency and alerts the Juvenile Justice Director and the Executive Director of any complaints or noncompliance issues which require action. The racial composition of TCCY supervisory staff is as follows: 1 African American and 4 Caucasian. The racial composition of the Title VI Work Group is as follows: 4 African American, 1 Asian American, and 2 Caucasian.

TCCY Staff with On-site Visit Responsibilities: TCCY Central staff shall conduct on-site visits for technical assistance to agencies concerning Title VI Compliance. Information reported in the Title VI Self Surveys by grant recipients shall be verified by TCCY staff during on-site visits. Upon completion of the visit, an on-site visit report will be completed, which will indicate Compliance/Non-Compliance with Title VI (See Appendix page 31). The racial composition of TCCY staff with monitoring responsibilities is as follows: 4 African Americans, 11 Caucasians and 1 Asian American.

Budgetary Resources:

Funding shall be allocated by TCCY as needed to ensure Title VI compliance. One perpetual annual expense shall be the cost of printing Title VI Manuals for distribution to TCCY Commission Members, DMC Task Force, staff, and recipients of funding. Also, funds shall be required annually for the cost of producing, printing, and disseminating Title VI brochures and posters for display at service delivery points. Funds shall also be allocated as needed to conduct Title VI training sessions/workshops.

Civil Rights Training:

Each year Federal Formula, Title V, EUDL, and JABG applicants are trained on Title VI compliance during the grant writing orientation training for potential applicants and current grantees. Employees of grant recipients, contractees, and other organizations and governmental units will also receive orientation training as necessary regarding the obligations and rights involved in the Title VI program through their own agencies. This grant writing and orientation training began in FY 1997-98 and has continued through this present year. Grantees are given brochures and posters regarding Title VI that are to be displayed in their agency. In-service training for sub-recipient grantee employees should continually apprise them of their responsibility to render a high level of service to all recipients and clients regardless of their race, color, or national origin.

7. Discriminatory Practices

Prohibited practices include the following:

- Denying any individual, on the basis of race, color, or national origin, any services, opportunity, or other benefit for which this individual is otherwise qualified (e.g. denying minority children the right to participate in a mentoring program which receives TCCY funding would be a prohibited practice);
- Providing any individual, on the basis of race, color, or national origin, with any quality service, or other benefit, that is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual, on the basis of race, color or national origin, to segregated or separate treatment in any manner related to that individual's receipt of that service;
- Restricting any individual, on the basis of race, color, or national origin, in any way in the enjoyment of services, facilities, or any other advantage, privilege, or other benefit provided to others in the program;
- Adopting methods of administration that would limit participation by any group of recipients or subject them to discrimination (e.g. if a TCCY-funded teen pregnancy prevention program targeting a high minority teen pregnancy rate chooses to locate in an area of the city where few minorities reside, or where it is not easily accessible to minorities, that program may be found to be in noncompliance with Title VI requirements); or
- Addressing an individual in a manner that denotes inferiority based on race, color, or national origin.

8. Federal Assistance/Guidance

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), the federal agency from which TCCY receives funding, was contacted concerning TCCY's Title VI Compliance plans and efforts. OJJDP did not indicate any significant assistance or training was needed for TCCY. OJJDP also indicated funds could not be denied to an agency if they did not have the percentage of minorities on their boards as reflected in the areas they represent. However, grant recipients are encouraged to include minorities on their boards when possible.

Part II. Approach to Major Civil Rights Functions

1. Statements of Assurance

The Tennessee Commission on Children and Youth administers both state and federal funds: federal funds through the Juvenile Justice and Delinquency Prevention Act (Federal Formula Grants, the Reimbursement Account, Title V), EDUL and JABG funds; state funds include: CASA, and State Supplements/Reimbursement Account.

Applications for funds, grant-writing training sessions and grant orientation sessions shall include detailed information on Title VI compliance requirements.

Applicants seeking any TCCY grants shall be required to sign the Assurance of Compliance form on page 28 in the Appendix, which indicates their intent and willingness to comply with Title VI requirements. Applicants who do not sign this statement will not be considered for funding.

Title VI language is included in all contracts executed by TCCY. The Commission requires a similar statement of compliance with not only Title VI, but the entire Civil Rights Act of 1964, from every contracting agency and facility before entering into a contract or other agreement that involves the purpose of care, services, or other benefits on behalf of persons, including children and youth, served by programs administered or funded by TCCY.

2. Lobbying Prohibition

Lobbying:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL "Disclosure of Lobbying Activities," in accordance with its instructions;

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants, and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

3. Public Notification

TCCY staff in Nashville will distribute pamphlets and posters designed to inform TCCY grantees and their service recipients of the availability of services, one's rights under Title VI, and the complaint procedures. TCCY staff and Commission Members will also be informed of their obligations under Title VI. TCCY grantees are responsible for making Title VI pamphlets available to service recipients, for displaying Title VI posters in prominent locations, and for making additional pamphlets and posters available as needed. TCCY staff will include as part

of their on-site visits whether posters and brochures are visible and accessible to service recipients.

To further assure Title VI compliance, TCCY's newsletter, *The Advocate*, which is distributed statewide (www.tennessee.gov/tccy/advocte.html), will periodically include the following formal statement of compliance to declare TCCY's intentions:

> "No person shall on the grounds of race, color, national origin, sex, age, disability, or ability to pay, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity operated, funded, or overseen by the Tennessee Commission on Children and Youth (TCCY). It is the intent of TCCY to bind all agencies, organizations, or governmental units operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964."

4. Compliance Reviews

For the purpose of monitoring compliance activities, the Title VI Working Group, comprised of Central Office Staff and the Juvenile Justice and Minorities Issues Committee shall meet quarterly to review Title VI compliance activities. The meetings shall focus on complaints filed and general compliance and noncompliance issues.

Each grantee shall complete a Title VI Self Survey (pages 25-26 in the Appendix) annually, or as otherwise required, and mail it to the TCCY Central Office in Nashville with their signed contract. Grantees shall maintain a Title VI file for the duration of time that they receive TCCY funding which includes copies of completed Title VI Self Surveys and all other materials related to Title VI compliance. This requirement is also stated within the Assurance of Compliance Form. Sanctions will be levied against grantees that do not comply with established reporting deadlines and record-keeping guidelines.

The Title VI Self Surveys will be reviewed by the TCCY Title VI Coordinator and members of the Title VI Working Group. If serious compliance problems are noted, an exception letter shall be filed with the Juvenile Justice and Minority Issues Committee. At such time, procedures for correcting noncompliance will be stipulated to the contracting agency.

It is established that initial and on-going reviews will be conducted by members of the Title VI Work Group using the Title VI Self Surveys described herein. If Title VI deficiencies are noted, prompt and corrective action will be taken.

5. Complaints of Discrimination

A complaint alleging discrimination against a facility, contracting agency, or governmental unit providing services may be filed by a client with contracting agency staff, Central Office TCCY Monitors or Commission Members, or with the U.S. Department of Justice.

Complaints must be filed in writing, preferably on the TCCY Complaint form CY-0092 on page 32 in the Appendix. This complaint form can be filled out by the complainant, by his or her representative, or by appropriate TCCY staff or Commission Members. If the complainant is unwilling to complete the form, he or she may write, or have written, a letter stating the circumstances of the complaint. If the complaint is not filed on form CY-0092, then the appropriate TCCY staff will fill out this form and attach it to the complainant's letter. Complaints initially received by contracting agency employees must be filed immediately within ten (10) days with the TCCY Title VI Coordinator. The Coordinator must notify the Executive Director and Juvenile Justice Director immediately whenever a complaint is filed (within five (5) days of receipt of complaint). Unless a complaint is being filed externally at the federal level, all complaints should be filed at the local level. Experience shows that complaints have a good probability of being resolved at the level where they arose. Thus, no complaint should by-pass the first level.

Any TCCY staff that handles complaints must maintain a Title VI complaint log to show identifying information, type, and status of each complaint filed at that level. A copy of the complaint must be maintained by the Title VI Coordinator, who notifies the TCCY Executive Director, the Chair of the Juvenile Justice and Minority Issues Committee, and the Juvenile Justice Director. A copy of the complaint must also be kept with the grantee or contractor files. The Title VI Work Group has the primary responsibility of reviewing the complaints and reporting findings to the full Commission, and the appropriate state agency responsible for oversight of Title VI in Tennessee. The Title VI Coordinator must investigate the complaint and report findings to the Title VI Work Group.

In accordance with federal regulations, a federal complaint with the Department of Justice must be filed no later than 180 calendar days after the alleged discrimination occurred. However, to allow a complainant time to file sequentially within the Commission and externally to the U.S. Department of Justice if he or she chooses, the complaint should be filed at the local level no later than 30 calendar days after the alleged discrimination occurred. If it is filed beyond the 30 calendar day period, TCCY and the facility, agency, or governmental unit are encouraged to investigate and process the complaint if the filing is prompt enough to allow proceedings to be concluded and leave sufficient time for the complainant to file externally at the federal level.

If a complaint is filed both internally with the Commission and externally with the U.S. Department of Justice during the same time, the external complaint supersedes the internal complaint filing. Accordingly, the internal complaint procedures will be suspended pending outcome of the federal complaint.

When a complaint is received at the local level, the TCCY Title VI Coordinator will conduct and complete a fact-finding investigation within 30 calendar days of receipt of the complaint and report the findings to the highest-ranking official of the contracting agency or governmental unit and the TCCY Executive Director and Juvenile Justice Director. Within ten (10) business days after this report, the written findings will be given to the complainant. Complainant's rights to appeal, including instructions for filing, will also be provided at this time. If the report includes a finding of noncompliance to Title VI, the report should include recommendations for remedial action by the Grantee. The Grantee must submit a remedial action plan, which includes steps to correct the problem and procedures to avoid future discriminatory issues within thirty

(30) days. If the Grantee does not comply with this policy, then TCCY will notify the Grantee that funds will be suspended until compliance is met.

If a complainant chooses to appeal a finding or the proposed remedial action by the Commission, he or she should do so within the next 30 calendar days following receipt of the findings. If the appeal is filed beyond the 30 calendar day limit, the Commission may still continue if the proceedings can be concluded and leave sufficient time for the complainant to file externally. An appeal made by a complainant regarding a finding may be filed with the Central Office TCCY Monitor, TCCY's Central Office in Nashville, or with a Commission Member. This appeal opportunity constitutes the second and final level in TCCY's internal complaint system.

When a finding is appealed, a copy of the complaint, the findings, the proposed remedial action, and the request for appeal must be forwarded to the Executive Director of TCCY, the Chair of the Juvenile Justice and Minority Issues Committee, the Juvenile Justice Director and the TCCY Title VI Coordinator. When an appeal is filed, the Chair of the Juvenile Justice and Minority Issues Committee, in cooperation with the DMC Task Force, has broad latitude to review an appealed case and make a finding. The TCCY DMC Task Force should review previous findings and conduct a complete fact-finding within 30 calendar days after receipt of such complaint or appeal. Procedures can include, but are not limited to, discussing the complaint with the complainant, the alleged offender, and the initial reviewer to determine the facts. Any findings shall be reported to the full Commission for action. When an appeal is concluded by the full Commission, the complainant will first be notified in writing of the findings and then a copy of the findings will be sent to the contractor or grantee. If the grantee does not comply with the decision of the Commission after the appeal is concluded, the funds will be suspended until compliance is achieved. If after appealing to the Commission, a complainant remains unsatisfied with the findings or the proposed remedial action, then he or she may file externally, with the U.S. Department of Justice within the stated time limit of 180 calendar days. The external appeal shall be explained to the complainant when notified of the findings of the appeal.

6. Data Collection and Analysis

As stated previously, each grantee shall complete the Title VI Self Survey (see page 25 in the Appendix) annually, or as otherwise required, and mail it to the TCCY Central Office in Nashville with the signed contract for funds. During on-site monitoring visits, Central Office TCCY Monitors shall verify information reported in the Title VI Self Survey (See Title VI Data Analysis Tool on page 37). Additionally, if a Title VI Self Survey contains any missing information, the Central Office TCCY Monitor shall make efforts to secure such missing data. TCCY staff also conducts on-site visits for each program one time per year to determine if programs are meeting specific goals and objectives stated in their application and contract. Staff will verify compliance with Title VI guidelines.

The Title VI Self Surveys will be analyzed by the TCCY Title VI Coordinator. A database shall be developed which will consist of data from the Title VI Self Surveys (See Self Survey Data Analysis on page 37 in the Appendix). The database shall include such information as representation of minorities on boards or planning committees, the name of the Local Title VI Coordinator, whether the agency has a non-discrimination policy, the number and percent of

minority children served, and the number and percent of minority staff employed. The population eligible to participate in a program shall be identified by racial/ethnic category for each service delivery point. This information shall be derived from the U.S. Census and shall be updated in conjunction with U.S. Census updates.

7. Minority Representation

Members of the Tennessee Commission on Children and Youth are appointed to three-year staggered terms by the Governor of Tennessee. Within TCCY, several committees have been developed which focus on issue-specific concerns. As of June 2008 the racial composition of the 26-member Commission is as follows: 6 African Americans and 20 Caucasians. Within the 26 members of the Commission, there are five (5) Youth Advisory members. Their racial composition is: 3 African American, 2 Caucasian. The racial composition of the Commission's Committees is as follows:

- Executive Committee: 2 African American, 6 Caucasian
- Budget and Data Committee: 3 African American, 9 Caucasian
- Children's Services Committee: 3 African American, 10 Caucasian
- Juvenile Justice and Minority Issues Committee: 3 African American, 9 Caucasian
- Personnel Committee: 4 Caucasian, 1 African American
- Councils Committee: 3 African American, 9 Caucasian
- Audit Committee: 2 African American, 2 Caucasian
- Legislative Committee: 3 African American, 5 Caucasian
- Grant Review Committee: 1 African American, 5 Caucasian

In reference to recipients of TCCY funding, whenever a planning or advisory body, such as a board or committee, is an integral part of the recipients' programs, that facility or agency should take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as members.

Where members of the board or committee are appointed by the contracting facility or agency and where minorities, as defined by Title VI, comprise as much as five percent (5%) of the service delivery area or the surrounding community, the facility or agency must appoint a minority representative to serve on the board.

In addition, TCCY has a full-time staff position to coordinate the Agency's work on minority overrepresentation in the juvenile justice system in Tennessee.

8. Documentation of Minority Input in the Development of the Plan

As stated previously, TCCY formed a Title VI Work Group to develop the Agency's Title VI Policy and Procedures Implementation Plan. The Title VI Work Group consists of TCCY Juvenile Justice staff members and the Juvenile Justice and Minority Issues Committee (MIC) Chair. The Title VI Coordinator facilitated the development and revision of the policies and procedures. The racial composition of the Title VI Work Group is as follows: 4 African American, 1 Asian American and 2 Caucasian. The Juvenile Justice and Minority Issues Committee chair is African American.

In addition, TCCY's Title VI Policy and Procedures Implementation Plan was reviewed by an external reviewer: Ms. Gwen Hamer, an African American female, who has experience with Title VI compliance. (See page 43).

9. Compliance Reporting

For the purposes of tracking complaints and assuring grantee compliance with Title VI through monitoring visits and investigations when necessary, and documenting and standardizing the occurrence of such events, TCCY has developed several forms, which are to be used for specific Title VI purposes. The following forms are to be used to report Title VI activities and a copy of each appears in the Appendices.

Self Survey, Form #CY-0089, must be used to report Title VI compliance efforts. Each grantee, contracting agency, or governmental unit must submit the Self Survey to the TCCY Central Office in Nashville annually within 90 days of receiving funding by TCCY (p. 25). These surveys will be used to create a database to study Title VI compliance.

Assurance of Compliance Under Title VI of the Civil Rights Act, Form #CY-0091, must be submitted by each grantee, contracting agency, or governmental unit prior to receiving TCCY funding (p. 28).

Title VI Compliance Status Assessment Sheet, is a form internal to TCCY. The Assessment Sheet must be completed by Local TCCY Monitors each time they conduct on-site monitoring visits (p. 31). The completed forms are submitted to the Title VI Coordinator for inspection and documentation of such visits and findings.

Complaint under Civil Rights Act of 1964—Title VI, Form #CY-0092, may be used for filing complaints (p. 32). Alternatively, a letter describing the complaint can be prepared by the complainant instead of using the complaint form. However, appropriate TCCY staff must fill out this form and attach it to the letter, as described in Part II, Number 4 of this implementation manual.

Withdrawal of Complaint, Form #CY-0090, must be submitted if a complaint or a request is withdrawn. All requests for withdrawal must be in writing (p. 33).

Report of Investigation, Form #CY-0093, may be used to summarize and report the findings of an investigation; or the general outline of the form can be incorporated into a report structured by the investigator, if it addresses the essential issues outlined on the form (p. 34).

Appeal from Finding, Form #CY-0094, may be used to appeal a finding or the proposed remedial action by the agency at the local level to the Commission in Nashville (p. 35).

Remedial Action Recommendation, Form #CY-0108, must be used to state in detail what remedial steps were suggested by TCCY to correct any problems found as a result of an investigation (p. 36).

10. Coordination with Other Agencies

TCCY coordinated development of the Title VI implementation plan with the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ). TCJFCJ does not receive federal or state money directly, but rather from TCCY therefore, falling under the jurisdiction of the requirements of TCCY's Title VI implementation plan. The Governor's State Planning Office approved this method of compliance for TCJFCJ.

11. Effecting Compliance

Any contracting agency or governmental unit found to be in noncompliance with Title VI should be given written notice from the Executive Director of TCCY. Noncompliance may be found during an on-site monitoring visit or due to a complaint being validated against a recipient of TCCY funding. Noncompliance may also result from failure to submit required documents, such as the Title VI Self Survey to TCCY in the required time frame. When appropriate, serious efforts should be undertaken to seek voluntary compliance and corrective action from the recipient of TCCY funding. For example, recommendations for remedial action should be provided to the agency by TCCY with the written notice of noncompliance. However, failure to address the source of noncompliance within 90 days of receipt of the written notice will be considered as a violation of the terms of the contract and a basis for contract suspension, termination, or rejection.

If a state employee is found guilty of any discriminatory practice based on Title VI provisions, it is recommended that the employee receive progressive discipline. For example, a verbal reprimand may be given for the first offense; a written reprimand may be placed in that employee's personnel file for the second offense; and a suspension without pay may be issued for the third offense. Such suspension shall be from one to 30 days, depending on the severity of the offense. A fourth documented offense should be considered as sufficient grounds for termination of the employee.

In situations where corrective action must be taken by TCCY, the Title VI Working Group shall meet to determine the most effective means of dealing with the noncompliance issue. The recommendation for action shall be presented to the full Commission, and shall be implemented upon a majority vote of the Commission. If a person wishes to appeal TCCY findings or recommended actions, an external appeal may be filed with the U.S. Department of Justice, as discussed in Part II, Number 4.

Part III. Goals and Objectives

1. Goals

TCCY's Title VI compliance goal is to provide the necessary management, oversight, and policy direction to ensure that the agency's federally assisted programs use uniform civil rights standards and procedures that result in timely, consistent, and effective enforcement.

TCCY will prepare an annual summary of activities related to Title VI compliance, monitoring, implementation, and complaint processing. The report will be submitted annually, or as requested by the Chair of the Juvenile Justice and Minority Issues Committee and/or the Executive Director of TCCY. Copies of this report will be available to grantees, Commission members, and TCCY Staff upon request. Copies of the Annual Report shall also be made available for audit where appropriate. The permanent records will be maintained by the TCCY Executive Director (or designee) in Nashville.

2. Major Objectives

1. Distribute 2008 Title VI Plan to TCCY Commission and staff by December 2008.
2. Continue to include emphasis on minority children in Request for Proposals in Grant Application material.
3. Present Title VI information at Grant training.
4. Require Title VI Self Surveys of all grantees.
5. Provide Title VI Orientation training for staff.
6. Conduct on-site visits to grantees for Title VI compliance.
7. Make Title VI Self Survey Form a part of the information included in the grantee contracts.

Progress Toward Goals

- Copy of the Title VI Plan was given to each TCCY employee, Commission Member, and Sub-grantee. An explanation of the Title VI policies was presented at grantee application training for new sub-grantees. Title VI Self Survey was given to all sub-grantees.
- Through the efforts of Title VI training in FY 2007-2008 for grantees at the time of application and at orientation when grants are approved, TCCY has provided direction and uniform procedures for federally assisted programs.
- On-site visits during this fiscal year also provided an opportunity for hands-on technical assistance for all TCCY funded programs to discuss concerns and progress toward compliance with Title VI policies.
- TCCY RFP's for federal funds require each applicant to: "Describe your target population including how minority youth will be served..."
- Grant training sessions included information on Title VI requirements.
- Title VI Self Survey Forms continue to be an official part of the grantee contract.

Part IV. Appendix

STATE ADVISORY GROUP MEMBERSHIP FORM

				OMB Number 1121-0156	
		F/T	Youth	Date of	
Name	**Represents**	**Government**	**Member**	**Appointment**	**Residence**
Cindy Durham, Chair	D			Jul-03	Gallatin
Sue Pilson	C	X		Sept-04	Nashville
Emmanuel Frederick	G		X	July-07	Knoxville
Christy Little	A	X		Jul-99	Jackson
Natasha Blackshear	C			Jul-03	Nashville
Barbara Holden	G		X	Oct-05	Memphis
Dana L. Lesley	G			Sept-05	Chattanooga
James Ford	G			Jul-00	Franklin
Jo Ann Yates	G			Dec-05	Lookout Mtn.
Diane Neighbors	G			Dec-05	Nashville
Susan Lawless-Glassman	D			Jul-03	Germantown
Colonel J.A. Robbins	G		X	Sept-05	Murfreesboro
Trudy Hughes	D			Jul-03	Maryville
Tim Goldsmith	D			Jul-03	Memphis
Sidney Bynum	G		X	Sept-04	Nashville
Denise Hobbs	C			Aug-06	Shelbyville
Joetta Yarbro	C	X		Jul-03	Dyersburg
Marti Herdon	C	X		Oct-04	Martin
Dwight E. Stokes	B			Oct-05	Sevierville
Nancy Williams	G			Sept-05	Memphis
Charles Hutchins	D			Jul-04	Greenville
Joshua Conner	F		X	Feb-08	Nashville
Joe Fowlkes	D			Jul-07	Pulaski
Beverly Cosley	B	X		Jul-03	Chattanooga
Carlton Lewis	B	X		Oct-04	Nashville
Chegameh (Chey) Korvandi-Geledar	G		X	July -06	Nashville

State Advisory Group (SAG) Membership Form Instructions

The State Advisory Group Membership Form has been designed to simplify State Reporting requirements. The State should select the designator listed below that best describes each member's qualifications and experience.

Pursuant to Section 223(a)(3) of the JJDP Act the SAG shall consist of not less than 15 and not more than 33 members appointed by the Chief Executive Officer of the State. At least one member shall be a locally elected official representing general purpose local government. At least one-fifth shall be under the age of 24 at the time of appointment. At least 3 members shall have been or currently under the jurisdiction of the juvenile justice system. A majority of the members (including the chair person) shall not be full-time employees of Federal, State or local government. The membership qualifications are described in subsections I-iii of Section 223(a)(3) of the JJDP Act, as amended.

Column 1, (Name)

List of the names of each SAG member beginning with the Chairperson and, if applicable, place an * after each of those SAG members who are also members of the State Supervisory Board.

Column 2, (Represents)

Identify each member's qualification by selecting the item from the following list that most applies:

A. locally elected official representing general purpose local government

B. representative of law enforcement and juvenile justice agencies, including:
   1. juvenile and family court judges
   2. prosecutors
   3. counsel for children and youth
   4. probation workers

C. representatives of public agencies concerned with delinquency prevention or treatment
   1. welfare
   2. social service
   3. mental health
   4. education

5. special education
6. recreation
7. youth services

D. representatives of private nonprofit organizations including persons concerned with:
   1. family preservation and strengthening
   2. parent groups and parent self-help groups
   3. youth development
   4. delinquency prevention and treatment
   5. neglected or dependent children
   6. quality of juvenile justice
   7. education
   8. social services for children

E. volunteers who work with juvenile justice.

F. youth workers involved with programs that are alternatives to incarceration, including organized recreation

G. persons with special experience and competence in addressing problems related to learning disabilities, emotional difficulties, child abuse and neglect, and youth violence.

Column 3 (F/T Govt.)

If the person is a full time government employee, place and "x" in this column.

Column 4 (Youth Member)

If the person was under the age of 24 at the time of appointment, place an "x" in this column.

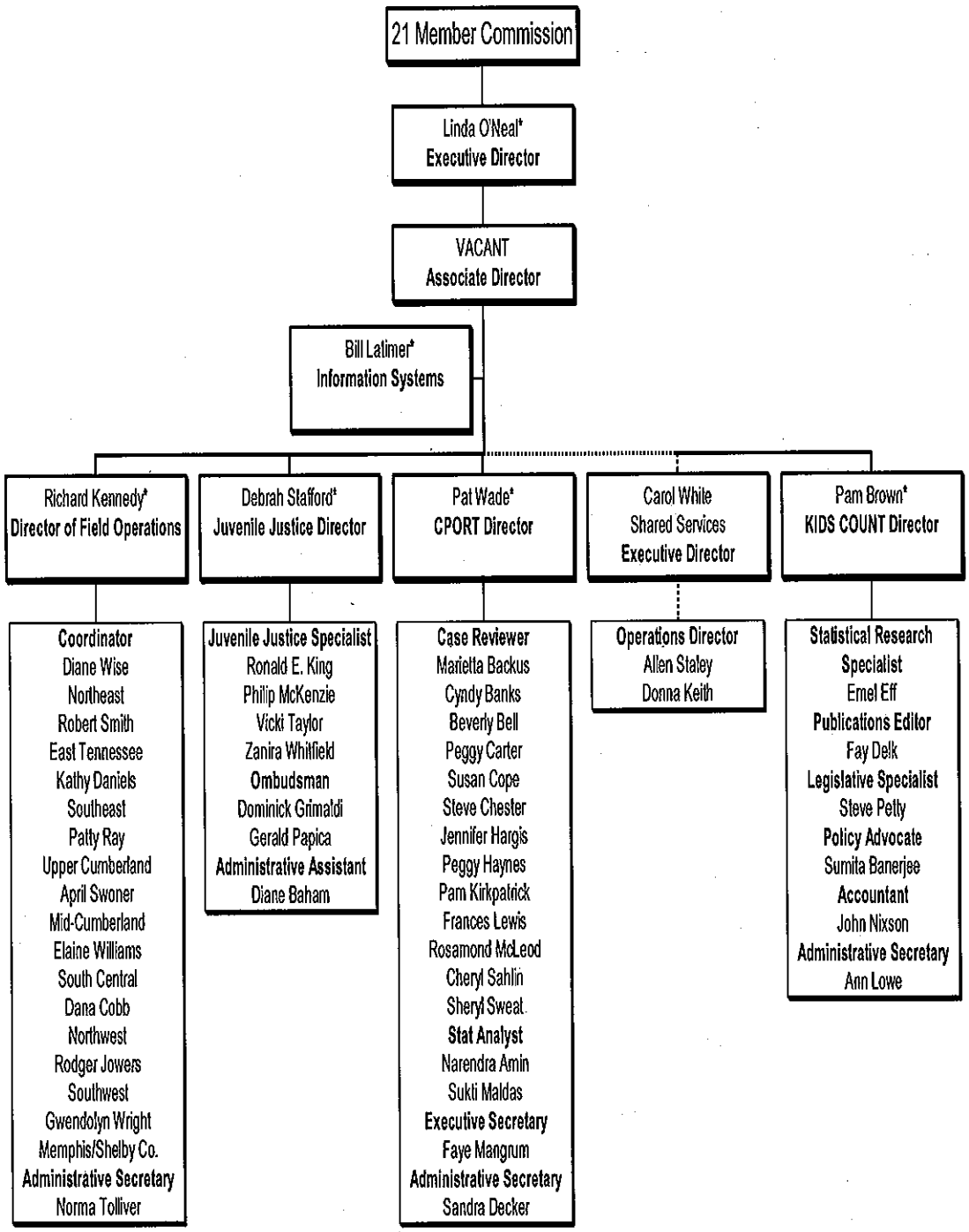
Column 5 (Date of Appointment)

Provide the date the member was appointed to the SAG.

Column 6 (Residence)

Provide the member's residential or preferred mailing address.

Tennessee Commission on Children and Youth



*Management Team

2007-2008 GRANTEES	AWARDED AMOUNTS
EUDL	
Bradley County Government, Cleveland	$ 39,920.00
Center for Youth Issues – STARS, Nashville	$ 60,000.00
Fayette County Schools, Somerville	$ 41,172.00
Johnson City Public Schools	$ 47,965.00
Memphis City Schools	$ 40,945.00
Metro Drug Commission, Knoxville	$ 65,000.00
Polk Family Resource Center, Benton	$ 30,000.00
STAND, Oneida	$ 25,000.00
	$ 350,002.00
Federal Formula (JJDPA)	
Administrative Office of the Courts, State	$ 60,000.00
Boys & Girls Clubs - Greater Memphis	$ 22,500.00
Children's Center of the Cumberlands, Oneida	$ 40,000.00
Coalition For Kids, Inc., Johnson City	$ 24,976.00
Memphis City Schools, DMC	$ 100,000.00
Exchange Club Family Center of the Mid-South, Inc., Memphis	$ 40,000.00
Family Guidance Training Institute, Inc., Clarksville	$ 25,000.00
Kingsport Housing & Redevelopment Authority	$ 25,454.00
Knox County Government	$ 30,000.00
Little Children of the World, Inc., Etowah	$ 51,176.00
Madison County Juvenile Court Services, Jackson	$ 3,128.00
Martha O'Bryan Center, Nashville	$ 18,826.00
Memphis Leadership Foundation	$ 35,000.00
National Alliance of Pan African Seminarians, Nashville	$ 30,000.00
New Visions, Inc., Nashville	$ 44,988.00
Tennessee Voices for Children, Nashville	$ 45,000.00
The Carpetbag Theatre, Inc., Knoxville	$ 40,000.00
TN Legal Community Foundation, State	$ 60,000.00
University of Tennessee, Chattanooga	$ 40,000.00
Williamson County Youth, Inc.	$ 40,000.00
	$ 776,048.00
Title V	
Bedford County, Shelbyville	$ 53,000.00
CASA	
CASA of the Tennessee Heartland, Anderson County	$ 15,000.00
CASA of the Center for Family Development, Bedford County	$ 15,000.00
CASA of East Tennessee, Inc., Blount County	$ 15,000.00
CASA of Campbell County, Inc.	$ 15,000.00
CASA of the Center for Family Development, Coffee County	$ 15,000.00
CASA, Inc., Davidson County	$ 15,000.00
	$ 15,000.00
CASA of Northeast Tennessee, Greene County	

CASA of East Tennessee, Inc., Hamblen County	$	15,000.00
Hamilton County CASA,	$	15,000.00
	$	15,000.00
CASA for the Kids, Inc., Hawkins County		
Madison County CASA, Henderson County	$	15,000.00
CASA of East Tennessee, Inc., Knox County	$	15,000.00
Madison County CASA	$	15,000.00
CASA of Maury County	$	15,000.00
CASA Corridor of East Tennessee, McMinn County	$	15,000.00
CASA Corridor of East Tennessee, Meigs County	$	15,000.00
CASA Monroe	$	15,000.00
CASA of the Tennessee Heartland, Morgan County	$	15,000.00
CASA Program for Overton County	$	15,000.00
Putnam County CASA	$	15,000.00
CASA Corridor of East Tennessee, Rhea County	$	15,000.00
CASA of the Tennessee Heartland, Roane County	$	15,000.00
CASA of Robertson County	$	15,000.00
CASA of Rutherford County	$	15,000.00
CASA of the Tennessee Heartland, Scott County	$	15,000.00
CASA of East Tennessee, Inc., Sevier County	$	15,000.00
	$	15,000.00
CASA of Memphis and Shelby County		
	$	15,000.00
CASA for the Kids, Inc., Sullivan County		
Sumner County CASA	$	15,000.00
CASA of Northeast Tennessee, Unicoi County	$	15,000.00
CASA of Northeast Tennessee, Washington County	$	15,000.00
Williamson County CASA, Inc.	$	15,000.00
Wilson County CASA, Inc.	$	15,000.00
	$	495,000.00
JABG		
State-Allocated Funds:		
Frontier Health, Gray	$	156,000.00
Madison County Government, Jackson	$	208,000.00
Upper Cumberland Community Services Agency	$	86,000.00
Total State-Allocated Funds	$	450,000.00
Pass-Through Funds:		
Hamilton County	$	20,384.00
Knox County	$	34,489.00
Metro Nashville-Davidson	$	105,190.00
Shelby County	$	182,707.00
Total Pass-Through Funds	$	342,770.00
Total JABG	$	792,770.00
State Supplement/Reimbursement		
Tennessee Counties	$	990,000.00
GRAND TOTAL	$	3,456,820.00

Tennessee Commission On Children and Youth
Sub-Grantee-Title VI Self Survey

Please mark (X) on type of funding: FF ____ Title V ___ JAIBG ___ EDUL ___
Survey Date: _____/_____/_____ **CASA___ SS/RA___**

Implementing Agency	Street Address	City	County	Zip

Head of Agency	Title	TCCY Monitor	Title

1) Is this a minority owned agency? Yes _____ No _____	2) Is this a minority managed agency? Yes _____ No _____	3) Does this agency serve primarily minority youth? Yes _____ No _____

4) What is the racial composition of the Advisory Group or Governing Board?

(No percents use numbers only)

Total _____ White _____ Black _____ Hispanic _____ Other _____

5) If no minority persons are on the Advisory Group or Board and if minorities represent at least 5% of the population in the geographic service area, what steps will be taken to obtain minority representation on the Advisory Group or Board? _____

6) Does your agency have a written policy stating that services will be provided to all persons without regard to race, color, or national origin? Yes _____ No _____ ***If yes, attach a copy!***

(If no, please explain)

7) Are notices of non-discrimination posted in conspicuous places, available to all staff and clients?
Yes _____ No _____ **(If no, please explain)**

8) Do you have a Title VI poster and brochure from TCCY? Yes _____ No _____	9) Do your Title VI posters show the name of the TCCY Monitor to whom complaints should be referred? Yes _____ No _____

10) Are permanent records kept of all Title VI complaints? Yes _____ No _____	11) Does the grantee have an Affirmative Action Plan? Yes _____ No _____	12) Is there a 504 Self Evaluation on file? Yes _____ No _____
(If no, please explain)	**(If no, please explain)**	**(If no, please explain)**

13) Does your agency have policies and procedures relevant to all Civil Rights laws, such as, Title VI & Title VII of the Civil Rights Act of 1964, Rehabilitation Act of 1973, Age Discrimination Act of 1975, American Disabilities Act, and Tennessee Public Chapter 502? Yes _____ No _____ **If no, please explain)**

14) Is Title VI information disseminated to your employees and your clients/applicants?

Yes _____ No _____ **If yes, how are employees informed?**

How are clients/applicants informed? **(If no, please explain)**

15) Are staff members periodically re-oriented or refreshed on information detailing their Title VI responsibilities?

Yes _____ No _____

If yes, state by whom and how often? _____

16) Are all physical areas (exits, waiting rooms, rest rooms, etc.) provided and used without regard to race, color or national origin of clients? Yes _____ No _____ **(If no, please explain)**

17) Doe the agency disseminate information concerning the program and services in a manner to effectively reach minority communities? Yes _____ No _____ **(If no, please explain)**

18) Please indicate as of this date the racial composition of children/youth served by your program or agency.

(No percents use numbers only)

# White _____	# Hispanic _____	# Other _____
# Black _____	# Asian _____	Total _____

19) Please indicate as of this date the racial composition of staff/employees, excluding the Advisory Group or Board covered by the previous question, serving children and youth in your program or agency

(No percents use numbers only)

# White _____	# Hispanic _____	# Other _____
# Black _____	# Asian _____	Total _____

20) Please indicate as of this date the racial composition of volunteers your program or agency has.

# White _____	# Hispanic _____	# Other _____
# Black _____	# Asian _____	Total _____

21) How does your program or agency impact minorities or females?

_____

22) When did you last conduct civil rights training for your staff?

Date: _____/_____/_____

23) Have there been any client grievances filed against your agency? Yes _____ No _____

If yes, how many? _____ What were the nature of the grievances, dates and other pertinent information?

_____

_____

_____

24) Is there a particular Title VI area in which you would like assistance? Please describe:

I declare that I have reviewed and approved the information provided in this Self Survey and to the best of my knowledge and belief, it is true, correct, and complete.

Signature	Date	

IMPORTANT!! **This Self Survey must be submitted to the TCCY Central Office in Nashville annually within 90 days of receiving funding from TCCY.**

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
ASSURANCE OF COMPLIANCE UNDER TITLE VI OF THE CIVIL RIGHTS ACT

Name of Applicant (Hereinafter called "Applicant.")
hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the U.S. Department of Justice (28 CFR Parts 42 & 50), the Tennessee Commission on Children and Youth (TCCY), and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that:

> no person in the United States shall, on the ground of race, color, or national origin, be excluded from the opportunity to participate in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received Federal financial assistance from TCCY.

Assurance is hereby given that it will immediately take any measures necessary to effectuate this agreement.

This Assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale, lease of, and permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Applicant by TCCY.

By accepting this Assurance, the Applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI, and permit authorized TCCY personnel to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this Assurance, TCCY shall have the right to seek administrative and/or judicial enforcement of this Assurance.

This Assurance is binding on the Applicant, its successors, transferees, and assignees as long as it receives assistance from TCCY. In the case of real property, this Assurance is binding for as long as the property is used for a purpose for which this assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this Assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

_____	_____
Applicant	**Date**
_____	_____
By: Title of Authorized Official	**Address of Applicant**

Monitoring Review Process
Civil Rights Component

DATE:_____ **LOCATION**_____

PERSON INTERVIEWED:_____

Complete the answers to this component by writing the answer in the space provided or by circling the appropriate answer, **"YES (Y)" "NO (N)" or "NA" if not applicable.**

Civil Rights - A grantee assures that no person on the grounds of handicap or disability, age, race, color, religion, sex, and national origin, or any other classification protected at the state and/or federal level be excluded from the participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of a contract/grant or in the employment practices of the grantee.

1. Are notices of non-discrimination posted in conspicuous places, available to all employees and participants? ***Y N NA***

2. Does grantee have policies and procedures relevant to all Civil Rights laws, such as, *Title VI, Civil Rights Act of 1964, Title VII, Civil Rights Act of 1964, Section 504, Rehabilitation Act of 1973, Age Discrimination Act of 1975, American's with Disabilities Act, and Tennessee Public Chapter 502*? ***Y N NA***

3. Does the grantee have an Affirmative Action Plan? ***Y N NA***

4. Is there a 504 Self Evaluation on file? ***Y N NA***

5. Are services provided uniformly to all program participants? ***Y N NA***

6. Does the grantee disseminate information concerning the program and services in a manner to effectively reach minority communities? How? ***Y N NA***

7. Does grantee staff receive training on non-discriminatory issues and policy? **Y N NA**

8. Have any discrimination complaints been made against this agency? ***Y N NA***
   If yes, please explain.(Use additional paper, if necessary)

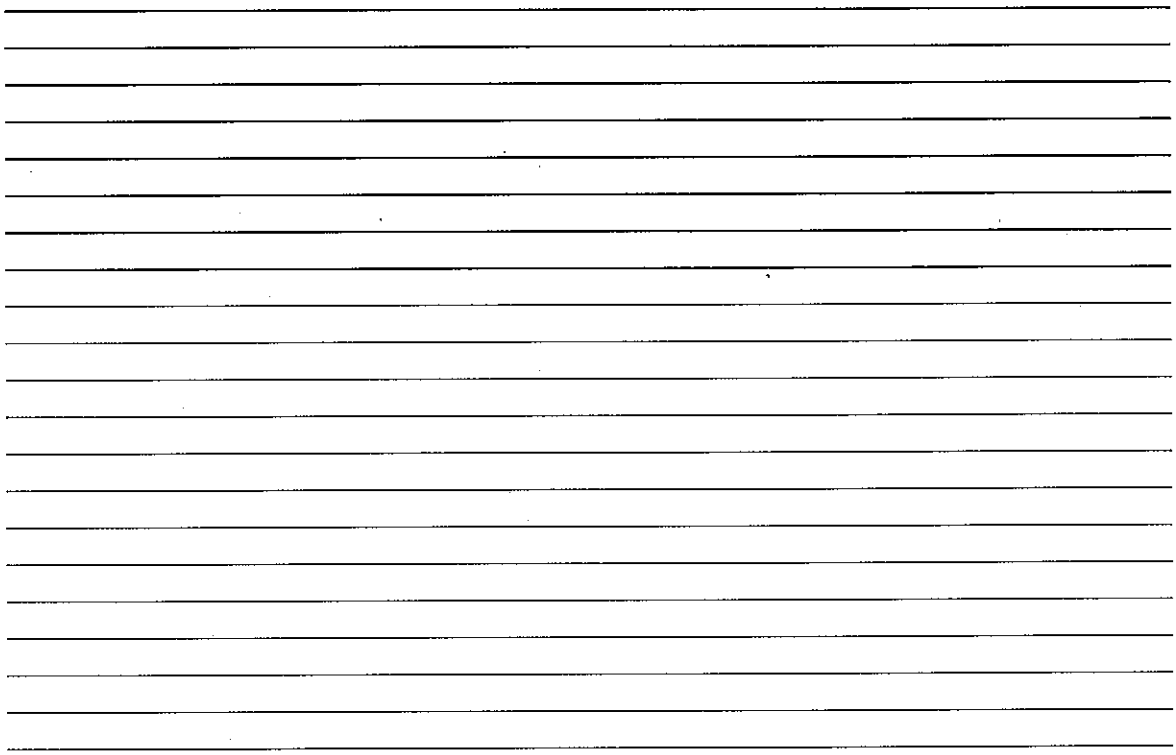
   _____

   _____

9. Is this a minority owned agency? ***Y N NA***

10. Is this a minority managed agency? ***Y N NA***

11. Does this program primarily serve African American children ? ***Y N NA***
    COMMENTS:



TENNESSEE COMMISSION ON CHILDREN AND YOUTH
TITLE VI COMPLIANCE STATUS

ASSESSMENT SHEET

NAME OF GRANTEE/CONTRACTEE: _____

LOCATION: _____

Instructions to Local TCCY Monitor: Use this checklist to assess each facility or agency Self Survey to ascertain Title VI compliance. If non-compliance with Title VI is found, follow up with any further deficiencies which affected your decision.

		YES	**NO**
1.	Services from this facility are provided to clients without regard to race, color, or national origin.	____	____
2.	Minorities are represented on the Advisory Board if at least 5% of the population in the geographic service area are minority persons.	____	____
3.	Records are maintained regarding all alleged cases of discrimination.	____	____
4.	Title VI posters and brochures are prominently displayed and are used to emphasize the Title VI program and complaint opportunities.	____	____
5.	All physical facilities and physical areas are made available to every client without regard to race, color, or national origin.	____	____
6.	All staff members receive ongoing training and orientation regarding the obligations and rights involved in the Title VI program, as well as their responsibilities to clients under the Title VI program.	____	____
7.	New employees are clearly informed about obligations, rights and their responsibilities to clients under the Title VI program.	____	____

_____

This is to certify that the above applicant was reviewed and that the applicant (is) (is not) found in compliance with Title VI.

_____
Local TCCY Monitor

_____
Date

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
COMPLAINT UNDER CIVIL RIGHTS ACT OF 1964

Date: _____

TO: TENNESSEE COMMISSION ON CHILDREN AND YOUTH

I, _____, hereby file an official complaint against

_____
Name of Person or Agency

Located at : _____

Complainant's Name: _____

Complainant's Address: _____

_____

_____

Basis of Complaint: _____

_____

_____

Date of alleged discrimination: _____

Signed: _____

Section Below to be Completed by the Tennessee Commission on Children and Youth

Referred to _____ on _____ for investigation and report.
Local Coordinator Date

Use back of Sheet if necessary.

_____
TCCY Coordinator

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
WITHDRAWAL OF COMPLAINT

Date: _____

TO: TENNESSEE COMMISSION ON CHILDREN AND YOUTH

I, _____, hereby withdraw my complaint filed on
Complainant

_____ against _____
Date Name of Person or Agency

located at: _____

_____

Complainant's Name: _____

Complainant's Address: _____

_____

Telephone Number: ___-_____/___-____ (fax)

E-mail: _____

Reason for Withdrawal: _____

_____

_____

_____

_____

Signed: _____

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
REPORT OF INVESTIGATION

I, _____, representing _____
Local Coordinator Name of Facility

have investigated the complaint filed on _____ by _____
Date Name of Complainant

alleging that discrimination occurred which was in violation of Title VI of the Civil Rights Act of 1964.

The results of the investigation were as follows*:

A. The agency or person was found to be in violation of Title VI.

B. The agency or person was not found to be in violation of Title VI.

C. The complainant withdrew the complaint using Form #CY-0090.

A copy of the investigative report is attached.

NOTE: If the agency or person was found to be in violation of Title VI, briefly describe the remedial action taken to assure future compliance:

_____

_____

_____

_____

_____ _____
Date **Local TCCY Monitor**

*Circle the appropriate letter.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
APPEAL FROM FINDING

I, _____, wish to appeal the finding made on _____
Name of Appellant Date of Finding

by _____ of ( ) Non-Discrimination or
( ) the proposed remedial action

by the agency in the Title VI Complaint as file by _____
Complainant

on _____ against _____
Date of Filing Person or Agency

at _____
Location

Signed: _____
Appellant

_____
Address

_____
Date of Appeal

_____
Telephone Number

_____
E-mail

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
REMEDIAL ACTION RECOMMENDATION FORM

As a result of an investigation conducted by _____
TCCY Representative

based on a Title VI discrimination complaint filed by _____
Complainant

on _____ against _____
Date Name of Person or Agency

the following action is recommended: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The above recommendations are not all inclusive, therefore, to correct the problems found during the investigation, we suggest that the person, agency and staff seek training and technical assistance on a continuous basis to ensure that all changes implemented are structured to maintain future Title VI compliance.

TCCY Representative (signature)

_____

Form Number CY-0108 **RDA Number 1681**

Tennessee Commission On Children and Youth
Sub-Grantee
Racial Make-up

(*) - African American

Grant Type	Implementing Agency	City	County	Federal Amount	Minority Owned	Minority Managed	Title VI Complaint	Governing Board Members					Youth Served By Agency					Agency Staff				
									White		Minority			White		Minority			White		Minority	
								Total	#	% of Total	#	% of Total	Total	#	% of Total	#	% of Total	Total	#	% of Total	#	% of Total
FF	A.O.C.	Nashville	Davidson	$60,000	NO	NO	0	0	0	0	0		0	0		0		70	72	103	16	23
FF	Boys and Girls Club of Greater Memphis	Memphis	Shelby	$22,600	NO	NO	0	38	30	66	5	14	6,897	12	0	6,885	100	65	25	38	40	62
FF	Children's Center of the Cumberlands	Oneida	Bedford	$40,000	NO	NO	0	15	15		0	0	271	265	0	6			13	13	0	0
FF	Memphis City Schools - DMC	Memphis	Shelby	$100,000	NO	YES	0	9	22	22	77	78										
FF	Coalition For Kid, Inc.	Johnson City	Madison	$50,000	NO	NO	0	36	35	97	1	3	120	61	51	59	49	22	15	68	7	32
FF	Exchange Club Family Center of Mid South, Inc.	Memphis	Shelby	$40,000	NO	NO	0	31	20	65	11	0	100	12	12	123	123	41	21	526	18	450
FF	Family Guidance Training Institute, Inc.	Clarksville	Montgomery	$25,000	NO	NO	0	10	3	30	7	70	415	100	24	315	76	8	4	50	4	50
FF	Kingsport Housing & Redevelopment Authority	Kingsport	Sullivan	$26,454	NO	NO	0	39	23	70	10	30	16,950	13,494	80	3,456	20	68	59	75	16	22
FF	Knox CO Government	Knoxville	Knox	$30,000	NO	NO	0	0	0	0	0	0	15	5	33	10	67	5	5	100	0	
FF	Little Children of the World Inc.	Etowah	McMinn	$51,176	NO	NO	0	8	7	80	1	20	20	16	80	2	10	5	4	80	1	20
FF	Madison CO Juvenile Court Services	Jackson	Madison	$3,128	NO	YES	0	25	19	76	6	24	378	96	25	282	75	24	6	25	18	75
FF	Martha O'Bryan Center	Nashville	Davidson	$18,828	NO	NO	0	28	26	93	2	7	102	6	6	97	95	6	0		6	100
FF	Memphis Leadership Foundation /MARRS	Memphis	Shelby	$35,000	NO	YES	0	11	6	55	5	45	43	13	30	30	70	3	0		3	100
FF	National Alliance of Fam African Services	Jackson	Madison	$30,000	NO	NO	0	13	7	54	6	46	16	0	0	16	100	46	28	68	20	42
FF	New Visions, Inc.	Nashville	Davidson	$44,988	NO	YES	0	5	0	0	5	100	20	162		408	2,040	2	4	200	26	1,300
FF	Tennessee Voices for Children	Nashville	Davidson	$45,000	NO	NO	0	6	5	83	1	17	832	654	78	178	22	2	2	100	0	
FF	The Carpet Bag Theater, Inc.	Knoxville	Knox	$40,000	NO	NO	0	28	8	29	20	71	142	34	24	108	76	11	3	27	8	73
FF	Tennessee Legal Community Foundation	Nashville	Nashville	$60,000	NO	NO	0	15	12	80	3	20	50	34	68	16	32	2	2	100	0	
FF	University of Tennessee Chattanooga	Chattanooga	Hamilton	$40,000	NO	NO	0	0	0		0		25	1	4	24	96	2	1	50	1	50
FF	Williamson County Youth Inc.	Franklin	Williamson	$40,000	NO	NO	0	19	18	95	1	5	14	11	79	3	21	2	2	100	0	
T5	Bedford County	Shelbyville	Bedford	$53,000	NO	NO	0	19	16	84	3	16	137	109	80	28	20	22	19	86	3	14
EUDL	Polk Family Resource Center, Benton	Benton	Polk	$30,000	NO	NO	0	11	11	100	0	0	1380	1360	99	20	10	91	91	100	0	0
EUDL	Bradley County Government, Cleveland	Cleveland	Bradley	$39,920	NO	NO	0	7	5	71	2	29	108	78	72	30	28	19	9	47	10	53
EUDL	S.T.A.N.D.	Oneida	Bedford	$26,000	NO	NO	0	7	7		0	0	102	96		7		6	6		0	
EUDL	Center for Youth Issues	Nashville	Davidson	$60,000	NO	NO	0	30	26	87	4	13	3,309	2,052	62	1,257	38	55	81	53	28	51
EUDL	Johnson City Police Dept.	Johnson City	Sullivan	$47,365	NO	NO	0	16	16	100			628	766	93	62	7	26	26	100		
EUDL	Fayette County Schools, Somerville	Sommerville	Fayette	$41,172	NO	NO	0	9	4	100	5	56	1,439	361	25	1,078	75	5	0		5	100
EUDL	Memphis City Schools	Memphis	Shelby	$40,645	NO	YES	0	9	1	0	8	89	0	0	90	90	#DIV/0!	8	0		4	50
EUDL	Metro Drug Commission - Knox	Knoxville	Knox	$65,000	NO	NO	0	23	17	74	6	26	1,652	1,331	81	321	19	5	4	80	1	20
EUDL							0															
JAIBG/SA	Frontier Health, Gray	Knoxville	Knox	$156,000	NO	NO	0	17	16	94	1	6	5	3	60	2	40	6	6	100		
JAIBG/SA	Upper Cumberland DSA	Cookeville	Putnam	$86,000	NO	NO	0	16	16	100	0	0	33	31	0	3	9	3	3	5	0	

Legend For Grant Type: T5 = Title V, FF = Federal Formula, CHL = Challenge, EUDL = Enforcing Underage Drinking Laws, JAIBG/PT = Juvenile Accountability Incentive Block Grant/Pass-Through and JAIBG/SA = Juvenile Accountability Incentive Block Grant/State Allocated

Grant Type	Implementing Agency	City	County	Federal Amount	Minority Owned	Minority Managed	Title VI Complaint	Governing Board Members					Youth Served By Agency					Agency Staff				
									White		Minority			White		Minority			White		Minority	
								Total	#	% of Total	#	% of Total	Total	#	% of Total	#	% of Total	Total	#	% of Total	#	% of Total
JAIBG/SA	Madison County Government, Jackson	Jackson	Madison	$208,000	NO	NO	0	25	19	76	6	24	479	233	49	246	51	10	5	50	5	50
JAIBG/PT	Shelby CO	Memphis	Shelby	$182,707	NO	YES	0	13	7	54	6		2,905	1,400	48	1,505	52	611	288	47	273	53
JAIBG/PT	Hamilton CO	Chattanooga	Hamilton	$20,384	NO	NO	0	0	0	0	0	0	4,223	1,715	41	2,508	59	96	68	71	28	29
JAIBG/PT	Metro Nashville-Davidson	Nashville	Davidson	$105,190	NO	NO	0	0	0		0		621	447	28	374	72	132	66	67	66	50
JAIBG/PT	Knox CO Government	Knoxville	Knox	$34,489	NO	NO	0	0	0	0	0	0	9,184	5,066	55	2,424	26	43	40	93	3	7

Definitions for Civil Rights Monitoring

Contract Nondiscrimination Clause
"The grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant or in the employment practices of the Grantee on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Grantee shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of non discrimination." This clause appears in all contracts with the exception of state contracts. The state as a recipient of federal funds is held accountable for complying with all non-discrimination laws and regulations.

Title VI of the Civil Rights Act of 1964
Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance. This applies to any program activity, services or benefits.

Title VII of the Civil Rights Act of 1964
Title VII, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex, or national origin.

Section 504 of the Rehabilitation Act of 1973
Section 504 defines a handicapped person and prohibits discrimination on the basis of disability by recipients of Federal financial assistance. Section 504 applies to both employment practices and to the provision of services.

American Disabilities Act of 1990
The American Disabilities Act (ADA) prohibits discrimination on the basis of disability by both public and private entities, whether or not they receive Federal financial assistance. ADA applies to both employment practices and to the provision of services.

Age Discrimination in Employment Act of 1967
The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms conditions or privileges of employment.

Age Discrimination Act of 1975
The Age Discrimination of 1975 prohibits discrimination on the basis of age in programs and activities receiving Federal financial assistance. It does not cover employment discrimination. The Act, which applies to all ages, permits the use of certain age distinctions and factors other than age that meet the Act's requirements. These regulations do not apply to an age distinction contained in part of a Federal, State, or local statute or ordinance adopted by an elected, general purpose legislative body that (1) provides any benefits or assistance to persons based on age; (2) establishes criteria for participation in age-related terms; or (3) describes intended beneficiaries or target groups in age related terms.

Vietnam Era Veterans' Readjustment Assistance Act of 1974
38 U.S.C. 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, prohibits job discrimination and requires affirmative action to employ and advance in employment qualified Vietnam era veterans, qualified special disabled veterans, recently separated veterans, and other protected veterans. Applies to employers holding federal contracts or subcontracts.

Title IX of the Education Amendments of 1972
Title IX prohibits discrimination on the basis of sex in **educational programs and activities** that receive or benefit from Federal financial assistance. Generally, a provider may not exclude, deny, or provide different or lesser services to applicants or beneficiaries on the basis of sex.

Subrecipient _____ **Monitor** _____

Grantors/# of contracts _____ **Date of Visit** _____

PROGRAM ACCOUNTABILITY REVIEW
MONITORING GUIDE FOR CIVIL RIGHTS

Government agencies, considered civil rights "low risk" subrecipients, are subject to review of posting (2) and training (4)

REVIEW ITEM Reference—contract non-discrimination clause.	COMMENTS/WORK PAPER REFERENCE If during these reviews, evidence of discrimination is indicated, explain the detail and indication of discrimination thoroughly in the comment section below. Attach supplemental supporting documentation as needed. If noncompliance with items 1-4 is noted, a finding should be reported based on the contract reference. **If evidence of discrimination is noted in items 5-8; the evidence of discrimination must be discussed with PAR management before discussing with the agency and reporting as finding and/or observation.**	C/NC/NA C =Compliance NC =Noncompliance NA =Not Applicable
1. Was the contract signed by Agency representative indicating Assurance of Compliance with the standard Non-discrimination clause? This clause is not found in contracts with other state agencies.		**C**
2. Are notices of non-discrimination, including all applicable civil rights laws, posted in conspicuous places available to employees and applicants?		**C**
3. Are agency policies and procedures relevant to Civil Rights available for review?		**C**
4. Does the agency provide and document training to staff on non-discriminatory issues and policies?		**C**
5. Have any formal discrimination complaints been filed against the agency? If so, what action was taken?		
6. Based on client record review, does it		**NA**

Subrecipient _____ **Monitor** _____

Grantors/# of contracts _____ **Date of Visit** _____

REVIEW ITEM Reference—contract non-discrimination clause.	COMMENTS/WORK PAPER REFERENCE If during these reviews, evidence of discrimination is indicated, explain the detail and indication of discrimination thoroughly in the comment section below. Attach supplemental supporting documentation as needed. If noncompliance with items 1-4 is noted, a finding should be reported based on the contract reference. **If evidence of discrimination is noted in items 5-8; the evidence of discrimination must be discussed with PAR management before discussing with the agency and reporting as finding and/or observation.**	C/NC/NA C =Compliance NC =Noncompliance NA =Not Applicable
7. **appear that eligibility requirements are applied uniformly; services are provided to all participants equally based on need; outside referrals are made on a non-discriminatory basis; and records are maintained uniformly for all individuals?**		
8. **In staff interviews confirm the agency's non-discriminatory practices. For example, "Are services and employment provided by agency in a non-discriminatory fashion?" If issues or concerns are indicated, explain.**		
9. **If client interviews are conducted, confirm the agency's non-discrimination practices. For example "Do you think that services provided by this agency are provided in a non-discriminatory manner?" If issues or concerns are indicated, explain.**		

TENNESSEE COMMISSION ON CHILDREN AND YOUTH
TITLE VI SUMMARY OF ACTIVITIES
Annual Report
REPORT PERIOD: 2008-2009

1. ___36___ **Number of grantees funded with federal funds.**

2. ___131___ **Number of grantees funded with federal and state funds.**

3. ___62__ **Total number of grantees funded with federal and state funds.**
4. ___35___ ***Number of grantees monitored for compliance with Title VI.**
5. ___35___ **Number of grantees in compliance with Title VI rules.**

6. ___0__ **Number of grantees out of compliance with Title VI rules.**

7. ___0___ **Number of grantees issued corrective action plans for Title VI compliance.**

8. __ 0___ **Number of Title VI complaints filed with TCCY.**

_____

_____

9. __0__ **Number of Title VI complaints satisfactorily resolved.**

_____

_____

10. _0____ **Number of Title VI complaints to be resolved.**

11. _0___ **Number of Appeals filed.**

12. _0____ **Number of Appeals resolved.**

***Note: Number of grantees funded and number monitored may be different. According to the Department of Finance and Administration and TCCY procedures, grantees at low risk (receive less than $30,000 per year) can be monitored every three years. All federally funded grantees are monitored every year.**

Disproportionate Minority Contact Task Force (DMC)

The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP) eventually mandated four core requirements that states must adhere to for federal funds for youth programs. These core requirements are: 1. Deinstitutionalize status offenders and non-offenders (1974), 2. Separate juveniles from adults offenders in jails and lockups (1974); 3. Remove children from adult jails (1980) and **4. Assess and address the problem of minorities in the juvenile justice system (1988).**

The DMC Task Force is a 25 member task force sponsored by the Tennessee Commission on Children and Youth (TCCY) that consist of concerned citizens from across the state who come together four times a year to address issues regarding the overrepresentation of children of color in the juvenile justice system. The racial makeup of the task force is fourteen (14) African Americans, one (1) Latino American and ten (10) Caucasian Americans.

Title VI Compliance is to prohibit programs that receive federal funds from discriminating against participants and clients based on race, national origin or color. Using this same rational the statewide DMC Task Force was created to be responsible for assuring that Tennessee is in compliance with the fourth core requirements of the JJDP Act of 2002, which is minority overrepresentation in the juvenile justice system. The task force ensures that children of color receive fair treatment in the juvenile justice system.

The DMC Task Force has set its mission: "to develop a comprehensive strategy for raising the awareness of disproportionate treatment of children of color in the juvenile justice system and to eradicate the problem of overrepresentation in secure confinement."
Below is a list of actions TCCY have taken to comply with the DMC Core Requirements:

- Grant applications that focus services on children of color receive priority consideration for funding
- The Minority Issues Committee of TCCY recommended the development of the statewide DMC Task Force
- TCCY employed a statewide DMC Task Force Coordinator
- The DMC Task Force developed preliminary recommendations for action for addressing overrepresentation of children of color in secure confinement
- Regional Council meetings have provided data and information about DMC and strategies for addressing the issue
- Diversified racially the DMC Task Force membership; 7. Developed local DMC Task Forces in five cities in the state (Nashville, Knoxville, Chattanooga, Memphis, and Clarksville)
- DMC information has been included in conferences throughout the state nation
- Developed a DMC brochure
- TCCY funded a research and assessment on DMC
- TCCY set aside federal funds for special two DMC Pilot Projects
- HR 890 was passed to authorize the Select Committee on Children and Youth (SCCY) to work with TCCY to look at the DMC issues.
- Special DMC Project, Memphis City Schools.
- Increased statewide DMC Task Force budget for operations.

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
DIVISION OF CLINICAL LEADERSHIP
5th FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243
Phone: (615) 532-6564
Fax: (615) 741-6602

June 20, 2008

Tennessee Commission on Children and Youth
Andrew Johnson Tower, Ninth Floor
710 James Robertson Parkway
Nashville, Tennessee, 37243-0800

Dear Mr. King:

Thank you for giving me the opportunity to review you plan again this year. I reviewed your Title VI Compliance Policy and Procedures Manual for 2008-2009. Your report was very well written, very detailed, documents were easy to read and find, and it included all areas required to be addressed.

Sincerely,

Gwendolyn Hamer

Gwendolyn Hamer
Program Director of Education and Development
Division of Clinical Leadership